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PROPOSED ATTORNEYS FOR DEBTORS
AND DEBTORS IN POSSESSION

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re:)	Chapter 11 Cases
)	
AMERICAN WORKERS INSURANCE)	Case No. 19-44208-mxm11
SERVICES, INC.,)	
)	
ASSOCIATION HEALTH CARE)	Case No. 19-44209-mxm11
MANAGEMENT, INC.)	
)	
Debtors.)	Jointly Administered Under Case No. 19-42208-mxm11

GLOBAL NOTES REGARDING DEBTOR'S SCHEDULES

These Global Notes (the “Global Notes”) regarding the Schedules of American Workers Insurance Services, Inc. (the “Debtor”) comprise an integral part of the Schedules of Assets and Liabilities and should be referred to and considered in connection with any review of them.

The Debtor's Schedules of assets, liabilities, executory contracts and unexpired leases, and co-debtors (collectively, the “Schedules”) have been prepared pursuant to section 521 of title 11 of the United States Code, U.S.C. §§ 101, et seq. (the “Bankruptcy Code”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”) by personnel of the Debtor with the assistance of its advisors. The Global Notes pertain to all of the Schedules. The Schedules are unaudited.

The financial affairs and business of the Debtor are complex. While the Debtor's management has made reasonable efforts to ensure that the Schedules are accurate and complete based on information that was available to them at the time of preparation, the subsequent receipt or discovery of information and/or further review and analysis of the Debtor's books and records may result in material changes to financial data and other information contained in the Schedules. Moreover, because the Schedules contain unaudited information, which is subject to further review and potential adjustment, there can be no assurance that the Schedules are complete and accurate. Furthermore, nothing contained in the Schedules shall constitute a waiver of the Debtor's rights or an admission with respect to this chapter 11 case, including, without limitation, any issues involving equitable subordination and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and other relevant applicable laws to recover assets or avoid transfers.

Agreements Subject to Confidentiality. There may be instances within the Schedules where names, addresses or amounts have been left blank. Due to the nature of an agreement between the Debtor and the third party, concerns of confidentiality or concerns for the privacy of an individual, the Debtor may have deemed it appropriate and necessary to avoid listing such names, addresses and amounts.

Amendment. While reasonable efforts were made to file complete and accurate Schedules, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend and/or supplement its Schedules as is necessary and appropriate.

Basis of Presentation. While the Schedules, at times, incorporate information prepared in accordance with generally accepted accounting principles (“GAAP”), the Schedules do not purport to represent financial information prepared in accordance with GAAP.

Causes of Action. The Debtor, despite its best efforts, may not have identified or set forth all of its causes of action (filed or potential) as assets in its Schedules. The Debtor reserves all of its rights with respect to any causes of action it may have and neither these Global Notes nor the Schedules shall be deemed a waiver of any such causes of action.

Claims Description. Any failure to designate an amount on the Debtor's Schedules as “disputed,” “contingent” or “unliquidated” does not constitute an admission by the Debtor that such

amount is not “disputed,” “contingent” or “unliquidated.” The Debtor reserves the right to dispute any claim reflected on its Schedules on any grounds including, without limitation, amount, liability, validity, priority or classification, or to otherwise subsequently designate such claims as “disputed,” “contingent” or “unliquidated.” The Debtor reserves its rights to object to any scheduled claims.

Current Value of Assets. It would be prohibitively expensive, unduly burdensome and an inefficient use of resources for the Debtor to obtain current valuations of all of its assets. Accordingly, unless otherwise indicated, net book values, rather than current market valuations, of the Debtor’s interests in assets are reflected on the Schedules. For this reason, amounts ultimately realized may vary from net book value and such variance may be material. As applicable, assets that have been fully depreciated or were expensed for accounting purposes have no net book value.

Date. Unless otherwise indicated, the values reflected on the Schedules are as of October 14, 2019 (the “Petition Date”).

Estimates. The preparation of the Schedules required the Debtor to make certain estimates and assumptions that affect the reported amounts of its assets and liabilities. Actual results could differ from those estimates.

Insiders. Persons listed as “insiders” have been included for informational purposes only and should not be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right or defense and all such rights, claims and defenses are hereby expressly reserved. Further, the Debtor does not take any position with respect to (a) such person’s influence over the control of the Debtor, (b) the management responsibilities or functions of such individual, (c) the decision-making or corporate authority of such individual or (d) whether such individual could successfully argue that he or she is not an “insider” under applicable law.

Inventory. Inventory, where applicable, is presented without consideration for any potential liens asserted by domestic common carriers, shippers, truckers, or similar liens.

Liabilities Generally. Some of the Debtor’s scheduled liabilities are unknown and/or unliquidated at this time. In such cases, the amounts may be listed as “Unknown” or “Undetermined.” As a result, the Debtor’s Schedules do not accurately reflect the aggregate amount of the Debtor’s liabilities, which may differ materially from those stated in the Schedules.

Prepetition and Postpetition Liabilities. The Debtor has sought to allocate liabilities between prepetition and postpetition periods based on information from research that was conducted in connection with the preparation of the Schedules. As additional information becomes available and further research is conducted, the allocation of liabilities between prepetition and postpetition periods may change.

Schedule D – Creditors Holding Secured Claims. The Debtor has not included on Schedule D entities that may believe their claims are secured through setoff rights, deposits posted by or on behalf of the Debtor, or inchoate statutory lien rights. Except as otherwise agreed pursuant to

a stipulation or agreed order or general order entered by the Bankruptcy Court, the Debtor reserves its right to dispute or challenge, among other things, the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D. Moreover, although the Debtor may have scheduled claims of various creditors as secured claims, the Debtor reserves all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. For instance, the inclusion of a counterparty to a lease in Schedule D is not an admission that such lease constitutes a capital lease, and the Debtor reserves all rights to contend that the referenced agreement is, instead, an operating lease. The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in the Global Notes or the Schedules shall be deemed a modification or interpretation of the terms of such agreements. The Debtor reserves the right to dispute the tax assessed value for any of the taxable assets.

Schedule E/F – Creditors Holding Priority Claims. The Debtor reserves its rights to dispute or challenge whether creditors listed on Schedule E/F, Part 1, are entitled to priority claims.

Schedule E/F – Creditors Holding Unsecured Nonpriority Claims. Schedule E/F does not include certain deferred charges, deferred liabilities or general reserves. Such amounts are, however, reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date. The claims listed in Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose is an open issue of fact. While best efforts have been made, determination of each date upon which each claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtor does not list a date for each claim listed on Schedule E/F.

Schedule G – Executory Contracts and Unexpired Leases. The business of the Debtor is complex. While reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or overinclusion may have occurred. The Debtor hereby reserves all of its rights to dispute the validity, status or enforceability of any contract, agreement or lease set forth on Schedule G that may have expired or may have been modified, amended and supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments, and agreements which may not be listed on Schedule G. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. Certain executory agreements may not have been memorialized in writing and could be subject to dispute. In addition, the Debtor may have entered into various other types of agreements in the ordinary course of business, such as easements, right of way, subordination, non-disturbance, and attornment agreements, supplemental agreements, amendment/letter agreements, title agreements and confidentially agreements. Such documents may not be set forth on Schedule G. The Debtor reserves all of

its rights to dispute or challenge the characterization of the structure or substances of any transaction, or any document or instrument. In the ordinary course of business, the Debtor may have entered into agreements, written or oral, for the provision of certain services on a month-to-month or at-will basis. Such contracts may not be included on Schedule G. The Debtor, however, reserves the right to assert that such agreements constitute executory contracts. Listing a contract, agreement or lease on Schedule G does not constitute an admission that such contract, agreement or lease is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtor reserves all rights to challenge whether any of the listed contracts, agreements, leases or other documents constitute an executory contract or unexpired lease, including if any are unexpired real property leases. The Debtor reserves all rights to contend that any of the listed leases are capital leases rather than operating leases. Any and all of the Debtor's rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G are hereby reserved and preserved. Omission of a contract, agreement or lease from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts, agreements or leases are not impaired by the omission. Schedule G may be amended at any time to add any omitted contract, agreement or lease. For any executory contract or unexpired lease that purportedly may have been assigned to the Debtor, but for which there is not documentation to support the purported assignment, neither the executory contract nor unexpired lease (or related claim) has been included on the Schedules.

Totals. All totals that are included in the Schedules represent totals of all known amounts included in the Debtor's books and records at the time of the Petition Date. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total, at times materially.

* * *

The Debtor and its agents, attorneys and financial advisors do not guarantee or warrant the accuracy, completeness, or currentness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communication or delivering the information contained herein. While every effort has been made to provide accurate and complete information herein, inadvertent errors and omissions may exist.

Fill in this information to identify the case:Debtor Name American Workers Insurance Services, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number (if known): 19-44208-mxm11☐ Check if this is an amended filingOfficial Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$0.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$8,534,408.61****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$8,534,408.61****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$21,761,251.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$9,505.80****4. Total liabilities**Lines 2 + 3a + 3b..... **\$21,770,756.80**

Fill in this information to identify the case

Debtor name American Workers Insurance Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 19-44208-mxm11

☐ Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. **Cash on hand** \$0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Capital One Checking account 8 7 7 3 \$37,748.63

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$37,748.63**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Debtor **American Workers Insurance Services, Inc.**
NameCase number (if known) **19-44208-mxm11**

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
23. Total of Part 5				\$0.00

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6.			\$0.00

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor American Workers Insurance Services, Inc.
NameCase number (if known) 19-44208-mxm11**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Chairs & Desks	\$3,346.48	Cost	\$3,346.48
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
(1) Lenovo Thinkpad L480, (1) LG 34WK650-W 34" 21:9 HDR FreeSync IPS Monitor, (2) Dell D Series LED-Lit Monitor 31.5" White D3218HN, FHD 1920x1080, 16:9, IPS LED Back-lit, (2) Dell Latitude 3500, and (2) Dell Latitude 3500 BTX Laptops	\$4,905.91	Cost	\$4,905.91
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$8,252.39

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
51. Total of Part 8.			
Add lines 47 through 50. Copy the total to line 87.			\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

Debtor **American Workers Insurance Services, Inc.**
NameCase number (if known) **19-44208-mxm11**

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
<u>www.awisusa.org</u>			Unknown
<u>ahciplans.com</u> Expires: Nov. 14, 2019			Unknown
<u>medgroupplans.com</u> Expires: Feb. 9, 2020			Unknown
<u>awisagency.com</u> Expires: Feb. 17, 2020			Unknown
<u>awisplans.com</u> Expires: Feb. 19, 2020			Unknown
<u>bgbllifedental.com (Val's)</u> Expires: Feb. 25, 2020			Unknown
<u>vgblifeplans.com (Val's)</u> Expires: Feb. 25, 2020			Unknown
<u>awiscard.com</u> Expires: March 9, 2020			Unknown

Debtor **American Workers Insurance Services, Inc.**
NameCase number (if known) **19-44208-mxm11**

awisima.com Expires: March 9, 2020			Unknown
awishealth.com Expires: March 14, 2020			Unknown
awismembers.com Expires: April 24, 2020			Unknown
uafplans.com Expires: May 2, 2020			Unknown
awisagent.com Expires: May 2, 2020			Unknown
ilifeprograms.com Expires: May 15, 2020			Unknown
awisfreerx.com Expires: June 21, 2020			Unknown
awisplatform.com Expires: June 29, 2020			Unknown
awisprovidersearch.com Expires: July 18, 2020			Unknown
awisusa.com Expires: Aug. 16, 2020			Unknown
awisdental.com Expires: Oct. 6, 2020			Unknown
myawisplan.com Expires: Oct. 10, 2020			Unknown
dentalsearchtool.com Expires: Oct. 20, 2020			Unknown
62. Licenses, franchises, and royalties			
Texas Insurance License No. 1496668 Expires: April 3, 2020			Unknown
Alabama Insurance License No. 446853 Expires: Dec. 31, 2020			Unknown
Arkansas Insurance License No. 100102519 Expires: Sept. 30, 2020			Unknown
Arizona Insurance License No. 180007638 Expires: Feb. 28, 2022			Unknown
California Insurance License No. 0G93005 Expires: April 30, 2020			Unknown
Colorado Insurance License No. 348044 Expires: Feb. 1, 2020			Unknown
Connecticut Insurance License No. 002628619 Expires: Jan. 31, 2020			Unknown
District of Columbia Insurance License No. 2878848 Expires: May 31, 2020			Unknown
Delaware Insurance License No. 1107350 Expires: Feb. 28, 2021			Unknown
Florida Insurance License No. L074186 Expires: N/A			Unknown

Debtor **American Workers Insurance Services, Inc.**
NameCase number (if known) **19-44208-mxm11**

Georgia Insurance License No. 153472 Expires: Dec. 31, 2020			Unknown
Hawaii Insurance License No. 373592 Expires: April 26, 2020			Unknown
Iowa Insurance License No. 1002046197 Expires: Feb. 28, 2022			Unknown
Idaho Insurance License No. 336694 Expires: Feb. 1, 2020			Unknown
Illinois Insurance License No. 100285198 Expires: May 31, 2020			Unknown
Indiana Insurance License No. 683248 Expires: Jan. 31, 2020			Unknown
Kansas Insurance License No. 20264255-0 Expires: June 14, 2021			Unknown
Kentucky Insurance License No. DOI-723800 Expires: March 31, 2020			Unknown
Louisiana Insurance License No. 415274 Expires: March 31, 2020			Unknown
Maryland Insurance License No. 2146573 Expires: August 21, 2020			Unknown
Maine Insurance License No. AGN174875 Expires: April 1, 2021			Unknown
Michigan Insurance License No. 0091441 Expires: N/A			Unknown
Minnesota Insurance License No. 40193383 Expires: Oct. 31, 2021			Unknown
Missouri Insurance License No. 8043759 Expires: Feb. 16, 2020			Unknown
Montana Insurance License No. 3000360144 Expires: N/A			Unknown
North Carolina Insurance License No. 202642552 Expires: March 31, 2020			Unknown
North Dakota Insurance License No. 3000355846 Expires: N/A			Unknown
Nebraska Insurance License No. 100183621 Expires: April 30, 2020			Unknown
New Jersey Insurance License No. 1269456 Expires: May 31, 2020			Unknown
New Mexico Insurance License No. 1800006625 Expires: April 30, 2020			Unknown
Nevada Insurance License No. 687174 Expires: March 1, 2022			Unknown
New York Insurance License No. LA-1186113 Expires: June 30, 2021			Unknown
Ohio Insurance License No. 40823 Expires: Sept. 30, 2021			Unknown
Oklahoma Insurance License No. 10011638 Expires: March 31, 2020			Unknown

Debtor **American Workers Insurance Services, Inc.**
NameCase number (if known) **19-44208-mxm11****Oregon Insurance License No. 100170488****Expires: March 31, 2020****Unknown****Pennsylvania Insurance License No. 571728****Expires: March 16, 2020****Unknown****Rhode Island Insurance License No.****3000355889****Expires: May 31, 2020****Unknown****South Carolina Insurance License No.****1908377675****Expires: Jan. 31, 2020****Unknown****South Dakota Insurance License No. 10011351****Expires: July 1, 2020****Unknown****Tennessee Insurance License No. 6722****Expires: March 1, 2020****Unknown****Utah Insurance License No. 236800****Expires: April 30, 2020****Unknown****Virginia Insurance License No. 127802****Expires: N/A****Unknown****Vermont Insurance License No. 3361547****Expires: March 31, 2021****Unknown****Wisconsin Insurance License No. 100196176****Expires: Feb. 15, 2020****Unknown****Wyoming Insurance License No. 195549****Expires: Jan. 31, 2020****Unknown****63. Customer lists, mailing lists, or other compilations****Lists of Agents/Producers****Unknown****64. Other intangibles, or intellectual property****65. Goodwill****Goodwill****Unknown****66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Debtor **American Workers Insurance Services, Inc.**
NameCase number (if known) **19-44208-mxm11**Current value of
debtor's interest**71. Notes receivable**

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities**74. Causes of action against third parties (whether or not a lawsuit has been filed)****Insurety Capital LLC****Unknown**Nature of claim **Breach of contract, fraud, usury**Amount requested **Unliquidated****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims****76. Trusts, equitable or future interests in property****77. Other property of any kind not already listed** Examples: Season tickets, country club membership**78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor **American Workers Insurance Services, Inc.**
NameCase number (if known) **19-44208-mxm11****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$37,748.63</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$8,488,407.59</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$8,252.39</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<div style="border: 1px solid black; padding: 2px; text-align: center;"><u>\$0.00</u></div>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<div style="text-align: center;">+ <u>\$0.00</u></div>	
91. Total. Add lines 80 through 90 for each column.	91a. <div style="border: 1px solid black; padding: 2px; text-align: center;"><u>\$8,534,408.61</u></div>	91b. <div style="border: 1px solid black; padding: 2px; text-align: center;"><u>\$0.00</u></div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<div style="border: 2px solid black; padding: 5px; text-align: center;"><u>\$8,534,408.61</u></div>

Fill in this information to identify the case:

Debtor name American Workers Insurance Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 19-44208-mxm11
(if known)

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1	Creditor's name <u>Insurety Capital, LLC</u> Creditor's mailing address <u>600 Brickell Ave., Suite 1900</u> <u>Miami</u> <u>FL</u> <u>33131</u> Creditor's email address, if known Date debt was incurred <u>Jul'18-Jul'19</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	Describe debtor's property that is subject to a lien <u>See Note below:</u> Describe the lien <u>Ownership or Security Interest</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$21,761,251.00</u>	<u>\$21,761,251.00</u> plus
-----	--	---	------------------------	-----------------------------

NOTE: Collateral consists of Commissions, assets, payments, premiums, monies, and compensation proceeds.**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$21,761,251.00

Fill in this information to identify the case:

Debtor American Workers Insurance Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 19-44208-mxm11
(if known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)()

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">3.1</div> Nonpriority creditor's name and mailing address 10 to 10 Dentistry 2500 Wilshire Blvd., Suite 1100 Los Angeles CA 90057 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">3.2</div> Nonpriority creditor's name and mailing address 2007 MSR 11111 Richmond Ave., Suite 200 Houston TX 77082 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">3.3</div> Nonpriority creditor's name and mailing address 21st Century Marketing Group 1231 N Las Palmas Ave., Apt. 309 Los Angeles CA 90038 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">3.4</div> Nonpriority creditor's name and mailing address A.B. National Marketing Partner 3100 Main St., Suite 350 Dallas TX 75226 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address Abdul S. Parzin MD Inc. 36242 Inland Valley Dr., Suite 200 Wildomar CA 92595 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address Abdullah Khalid 1799 W Oakland Park Blvd., Suite 300 Oakland Park FL 33311 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address Abha S. Gupta MD 801 N Tustin Ave., Suite 201 Santa Ana CA 92705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address ABN 1636 Lee Rd. Lithia Springs CA 30122 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address Ada Salgado 744 Palm Ave. South San Francisco CA 94080 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address Adam Bercowicz 1835 S Perimeter Rd. #165, #C206 Fort Lauderdale FL 33309 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address Adam Garcia 2801 Cochran St. Houston TX 77009 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address Adam J. Garnett 10511 NW 71st St. Tamarac FL 33321 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address <u>Adela Cabacungan</u> <u>86-037 Hoaha St.</u> <u>Waianae</u> <u>HI</u> <u>96792</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address <u>Adolfo Flores</u> <u>4371 Sirius Ave., Apt. #4</u> <u>Las Vegas</u> <u>NV</u> <u>89102</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> Nonpriority creditor's name and mailing address <u>Advance Benefit Group</u> <u>Mario Callejas</u> <u>4300 N University Dr.</u> <u>Lauderdale</u> <u>FL</u> <u>33351</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> Nonpriority creditor's name and mailing address <u>Advance Care Medical Group</u> <u>1330 Fullerton Rd., Suite 288</u> <u>Rowland Heights</u> <u>CA</u> <u>91748</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address AE Sook Kang 723 Makaleka Ave. Honolulu HI 96816 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address Affordable Health Insurance AG LLC 4538 Centerview, Suite 126 San Antonio TX 78228 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address Affordable Services 4 All, LLC 7900 103rd St., Suite 13 Jacksonville FL 32210 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address Affordable Services 4 Less, LLC 5549 Fort Caroline Rd., Suite 178 Jacksonville FL 32277 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address <u>Agahan Optical</u> <u>PO Box 10024</u> <u>Tamuning</u> <u>GU</u> <u>96931</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address <u>Agustin Mena Garcia</u> <u>13419 Sargent Ave.</u> <u>Galt</u> <u>CA</u> <u>95632</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address <u>AHCM Family Care</u> <u>10333 Harwin</u> <u>Houston</u> <u>TX</u> <u>77036</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address <u>AHCM National Benefits Association</u> <u>11111 Richmond Ave., #200</u> <u>Richmond</u> <u>TX</u> <u>77082</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address Ahmed Rauf 550 Fairway Dr., #106 Deerfield FL 33441 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address Aireen Aquino 9821 Sedona Shrine Ave. Las Vegas NV 89148 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address Alan Couto 6286 Park Ter. Tobyhanna PA 18466 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address Alejandro Orozpe 1372 Sumbean Circ. SPC #22 San Jose CA 95122 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> Nonpriority creditor's name and mailing address <u>Alex Bowles</u> <u>4058 Point Church Rd.</u> <u>Memphis</u> <u>TN</u> <u>38127</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> Nonpriority creditor's name and mailing address <u>Alex Hong</u> <u>15731 S Western Ave.</u> <u>Gardena</u> <u>CA</u> <u>90247</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> Nonpriority creditor's name and mailing address <u>Alexander Hong</u> <u>43390 Whitehead Ter.</u> <u>Ashburn</u> <u>VA</u> <u>20148</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> Nonpriority creditor's name and mailing address <u>Alice Workey</u> <u>3007 Cherry Springs Dr.</u> <u>Missouri City</u> <u>TX</u> <u>77459</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address Alicia De Camarillo 2401 Havertown Place Modesto CA 95358 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address Alliance M.D. 343 Forest Ave. Woodmere NY 11598 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address Alliance Shared Health 3155 Sutton Blvd., Suite 201 St. Louis MO 63143 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Marketing Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address Alma Perez 2534 Burgundy Dr. Livingston CA 95334 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address Aloha Dental Center 99-128 Aiea Heights Dr. Aiea HI 96701 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address Aloha Dental Practice 1799 N Waterman Ave., Suite D San Bernardino CA 92404 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address Amalia Arevalo Guitierrez 2801 Long View Road Antioch CA 94509 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address Amelia Lopez Gaspar 7553 Mountain Oak Way North Highlands CA 95660 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address America Lopez Ruiz 37409 Cherry Street Apt E Newark CA 94560 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address American Inheritance Insurance Center 153 Fieldwood Irvine CA 92618 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address American VIP 1351 Westwood Blvd., Suite 113 Los Angeles CA 90024 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address Americare Life & Health Emily Payne 750 East Sample Rd. Pompano Beach FL 33064 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div> Nonpriority creditor's name and mailing address <u>Amy Lee</u> <u>5233 Park Vale Dr.</u> <u>Sugar Hill</u> <u>GA</u> <u>30518</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div> Nonpriority creditor's name and mailing address <u>Ana Isabel Garcia Zapien</u> <u>17006 N Josey Ln., Apt A</u> <u>Carrollton</u> <u>TX</u> <u>75006</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div> Nonpriority creditor's name and mailing address <u>Ana Maria Aguilar Vidal</u> <u>1058 South 5th St., Apt. #226</u> <u>San Jose</u> <u>CA</u> <u>95112</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div> Nonpriority creditor's name and mailing address <u>Ana Maritza Medrano Aguilar</u> <u>1324 Lower Honcut Rd</u> <u>Oroville</u> <u>CA</u> <u>95966</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.49</div> Nonpriority creditor's name and mailing address Ana Rivera 6610 Portuguese Bend Dr. Missouri City TX 77459 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.50</div> Nonpriority creditor's name and mailing address Angela Garcia 501 NW 141 Ave., #101 Pembroke Pines FL 33028 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.51</div> Nonpriority creditor's name and mailing address Angela Hernandez 2519 Begonia St. Union City CA 94587 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.52</div> Nonpriority creditor's name and mailing address Angela Lii 531 W Las Tunas Dr., Suite D San Gabriel CA 91776 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address Angeleatia Carter 2730 W 9th Court Fort Lauderdale FL 33311 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address Angelica Aguilar 13419 Sargent Avenue Galt CA 95632 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div> Nonpriority creditor's name and mailing address Angelica Zapien 719 Meadow St. Bakersfield CA 93306 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div> Nonpriority creditor's name and mailing address Angie Gomez Alvarez 3501 Bradshaw Rd. #62 Sacramento CA 95827 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div> Nonpriority creditor's name and mailing address Anmercil Canoneo PO Box 1833 Honolulu HI 96805 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.58</div> Nonpriority creditor's name and mailing address Anna Gonzalez 921 NW 41 Ave. Miami FL 33126 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.59</div> Nonpriority creditor's name and mailing address Anna Lam 1155 Spokane Dr. San Jose CA 95122 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> Nonpriority creditor's name and mailing address Annely Santillo 83 Derrick Dr. West Henrietta NY 14586 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.61</div> Nonpriority creditor's name and mailing address <u>Anselmo Gaspar Nicolas</u> <u>7553 Mountain Oak Way</u> <u>North Highlands</u> <u>CA</u> <u>95660</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.62</div> Nonpriority creditor's name and mailing address <u>Anthony Gonzales</u> <u>3637 Snell Ave. #181</u> <u>San Jose</u> <u>CA</u> <u>95136</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.63</div> Nonpriority creditor's name and mailing address <u>Anthony Lombardi</u> <u>2214 Saw Mill River Rd.</u> <u>Elmsford</u> <u>NY</u> <u>10523</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.64</div> Nonpriority creditor's name and mailing address <u>Anthony Maresca</u> <u>27269 Guapore Dr.</u> <u>Punta Gorda</u> <u>FL</u> <u>33983</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.65</div> Nonpriority creditor's name and mailing address <u>Anthony Mossucco</u> <u>8565 Breezy Hill Dr.</u> <u>Boynton Teach</u> <u>FL</u> <u>33473</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.66</div> Nonpriority creditor's name and mailing address <u>Anthony Scroggins</u> <u>PO Box 773247</u> <u>Houston</u> <u>TX</u> <u>77215</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.67</div> Nonpriority creditor's name and mailing address <u>Anthony Turner</u> <u>13122 Abide Dr.</u> <u>Houston</u> <u>TX</u> <u>77085</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.68</div> Nonpriority creditor's name and mailing address <u>Antoinette Messana</u> <u>7555 Katy Frwy, Apt. 136</u> <u>Houston</u> <u>TX</u> <u>77024</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.69</div> Nonpriority creditor's name and mailing address <u>Antonia Aguilar</u> <u>801 Roosevelt Ave.</u> <u>Reedwood City</u> <u>CA</u> <u>94061</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.70</div> Nonpriority creditor's name and mailing address <u>Antonio Rodriguez</u> <u>1225 Hollowell Street</u> <u>Ontario</u> <u>CA</u> <u>91762</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.71</div> Nonpriority creditor's name and mailing address <u>Ardell Tall</u> <u>5920 N Sam Houston E, Apt. #101A</u> <u>Humble</u> <u>TX</u> <u>77396</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.72</div> Nonpriority creditor's name and mailing address <u>Arlene Agoncillo</u> <u>5490 La Sierra Ave.</u> <u>Riverside</u> <u>CA</u> <u>92505</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.73</div> Nonpriority creditor's name and mailing address Arlene Agoncillo PO Box 1538 Cedar Park TX 78630 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.74</div> Nonpriority creditor's name and mailing address Arlene Nakasone 1617 Kapiolani Blvd., Unit 1405 Honolulu HI 96814 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.75</div> Nonpriority creditor's name and mailing address Atalie Bruna 8025 Royal Palm Cir. Tamarac FL 33321 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.76</div> Nonpriority creditor's name and mailing address Atlantic Health Charles Donisi 2717 NE 25th St. Fort Lauderdale FL 33305 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.77</div> Nonpriority creditor's name and mailing address Austin Yearwood PO Box 8151 Anaheim CA 92812 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.78</div> Nonpriority creditor's name and mailing address Auzzie Poole 17 Winding Rd. Newark DE 19702 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.79</div> Nonpriority creditor's name and mailing address Barbara Lowe 12410 N Rachlin Cir. Houston TX 77071 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.80</div> Nonpriority creditor's name and mailing address BD Hahn-Gynecology 330 W Marine Dr., Suite #2 Dededo GU 96929 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.81</div> Nonpriority creditor's name and mailing address <u>Beacon Strategic Planning Solutions LLC</u> <u>Stacie Tanaka</u> <u>6117 Wild Eagle Ct.</u> <u>Elk Grove</u> <u>CA</u> <u>95757</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.82</div> Nonpriority creditor's name and mailing address <u>Beatrice Loo</u> <u>915 N King St.</u> <u>Honolulu</u> <u>HI</u> <u>96817</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.83</div> Nonpriority creditor's name and mailing address <u>Belma Dollaga</u> <u>27678 Havana Ave.</u> <u>Hayward</u> <u>CA</u> <u>94544</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.84</div> Nonpriority creditor's name and mailing address <u>Ben Benjamin</u> <u>3500 Kee Lane</u> <u>Modesto</u> <u>CA</u> <u>95355</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.85</div> Nonpriority creditor's name and mailing address Ben Ellis PO Box 88 Lake City FL 32056 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.86</div> Nonpriority creditor's name and mailing address Ben Malabanan Jr. 2011 Route 16, Suite 202 Dededo GU 96912 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.87</div> Nonpriority creditor's name and mailing address Benefits Plus 335 Aristotle St. Simi Valley CA 93065 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.88</div> Nonpriority creditor's name and mailing address Benito Farfan 5155 E Grant Ave. Fresno CA 93727 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.89</div> Nonpriority creditor's name and mailing address <u>Benjamin Mahler</u> <u>3350 NW 2nd Ave., Suite A28</u> <u>Boca Raton</u> <u>FL</u> <u>33431-6678</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.90</div> Nonpriority creditor's name and mailing address <u>Bernardina Oliva</u> <u>8931 North El Dorado</u> <u>Stockton</u> <u>CA</u> <u>95210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.91</div> Nonpriority creditor's name and mailing address <u>Bernardo Morales</u> <u>3473 Rancho Rio Way</u> <u>Sacramento</u> <u>CA</u> <u>95834</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.92</div> Nonpriority creditor's name and mailing address <u>Bertha Berlanga</u> <u>1640 Tyrol Ln, Apt. 17</u> <u>Stockton</u> <u>CA</u> <u>95207</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.93</div> Nonpriority creditor's name and mailing address Betty Toledo 3235 Glenwood Ave. Toledo OH 43610 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.94</div> Nonpriority creditor's name and mailing address Beverly Blankenship 940 Waterford Av. Stockton CA 95206 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.95</div> Nonpriority creditor's name and mailing address Bewley Mae 21060 Woodspring Ave. Boca Raton FL 33428 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.96</div> Nonpriority creditor's name and mailing address Bianca Johnson 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.97</div> Nonpriority creditor's name and mailing address <u>Big One Strategic Solutions Inc.</u> <u>Kaylynn Serna</u> <u>4055 Spencer St., Suite 208</u> <u>Las Vegas</u> <u>NV</u> <u>89119</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.98</div> Nonpriority creditor's name and mailing address <u>BJ Lava 808 LLC</u> <u>2097 A 10th Ave.</u> <u>Honolulu</u> <u>HI</u> <u>96816</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.99</div> Nonpriority creditor's name and mailing address <u>Black Mounain Chiro</u> <u>9225 Mira Mes Blvd., Suite 206</u> <u>San Diego</u> <u>CA</u> <u>92126</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.100</div> Nonpriority creditor's name and mailing address <u>Blanca Erika Chavez</u> <u>2731 Erringer Rd., Apt. 23</u> <u>Simi Valley</u> <u>CA</u> <u>93065</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.101</div> Nonpriority creditor's name and mailing address <u>Bob Jennison</u> <u>200 Lake Evelyn Dr.</u> <u>West Palm Beach</u> <u>FL</u> <u>33411</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.102</div> Nonpriority creditor's name and mailing address <u>Bok Hyun Oh</u> <u>1100 Oakmont Drive #3</u> <u>San Jose</u> <u>CA</u> <u>95117</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.103</div> Nonpriority creditor's name and mailing address <u>Bolt Insurance Services</u> <u>9542 P St.</u> <u>Live Oak</u> <u>CA</u> <u>95953</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.104</div> Nonpriority creditor's name and mailing address <u>Bong Chang</u> <u>3671 W 6th St.</u> <u>Los Angeles</u> <u>CA</u> <u>90020</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.105</div> Nonpriority creditor's name and mailing address Bradley Mednick 704 Republic Ct. Deerfield Beach FL 33442 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.106</div> Nonpriority creditor's name and mailing address Brandon Coleman 14410 Dunrobin Way Sugarland TX 77498 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.107</div> Nonpriority creditor's name and mailing address Brandon Lim 22119 Fair Garden Ln Clarksburg MD 20871 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108</div> Nonpriority creditor's name and mailing address Brandon Sears 701 Palomar Airport Rd., Suite 300 Carlsbad CA 92011 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.109</div> Nonpriority creditor's name and mailing address <u>Brandon Siragusa</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord</u> <u>CA</u> <u>94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.110</div> Nonpriority creditor's name and mailing address <u>Brian Chu</u> <u>Hyun Chong Chu</u> <u>13925 Lindendale Ln.</u> <u>Chantilly</u> <u>VA</u> <u>20151</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111</div> Nonpriority creditor's name and mailing address <u>Brian Wang</u> <u>3033 Moore Park Ave., #25</u> <u>San Jose</u> <u>CA</u> <u>95117</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.112</div> Nonpriority creditor's name and mailing address <u>Bristol Family Dental Center</u> <u>2618 S Bristol St.</u> <u>Santa Ana</u> <u>CA</u> <u>92704</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.113</div> Nonpriority creditor's name and mailing address Bristol Medical Center 2740 S Bristol St., Suite 208 Santa Ana CA 92704 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114</div> Nonpriority creditor's name and mailing address Bruno Collazo 4115 McKinley Ave. Groves TX 77619 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115</div> Nonpriority creditor's name and mailing address Bryan Ragle 7429 Kalamazoo Dr. Citrus Heights CA 95610 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.116</div> Nonpriority creditor's name and mailing address Buja Gu 7447 Little River Turnpike, #203 Annandale VA 22003 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.117</div> Nonpriority creditor's name and mailing address Burke International Insurance Group Christopher Burke 5970 Funston St. Hollywood FL 33023 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118</div> Nonpriority creditor's name and mailing address C&M Enterprise 433 Sylvan Ave., #120 Mountain View CA 94041 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.119</div> Nonpriority creditor's name and mailing address C&M Enterprise 2 433 Sylvan Ave., #120 Mountain View CA 94041 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.120</div> Nonpriority creditor's name and mailing address C.B. Walters PO Box 13957 Odessa TX 79768 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.121</div> Nonpriority creditor's name and mailing address <u>California Om & Acupuncture</u> <u>2828 Beverly Blvd.</u> <u>Los Angeles</u> <u>CA</u> <u>90057</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.122</div> Nonpriority creditor's name and mailing address <u>Calvin Johnson M.D. Inc</u> <u>4981 Eagle Rock Blvd.</u> <u>Los Angeles</u> <u>CA</u> <u>90041</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.123</div> Nonpriority creditor's name and mailing address <u>Candelario Ramos</u> <u>1775 S Stockton St.</u> <u>Stockton</u> <u>CA</u> <u>95206</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.124</div> Nonpriority creditor's name and mailing address <u>Capital Health Advisors</u> <u>Mario Callejas Jr.</u> <u>4300 N University Dr.</u> <u>Lauderhill</u> <u>FL</u> <u>33351</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.125</div> Nonpriority creditor's name and mailing address <u>CareOne Insurance Inc.</u> <u>Jonathan Silverstein</u> <u>4300 N University Dr., E103</u> <u>Lauderhill</u> <u>FL</u> <u>33351</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.126</div> Nonpriority creditor's name and mailing address <u>Carl Johnson</u> <u>12401 Orange Dr.</u> <u>Davie</u> <u>FL</u> <u>33333</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.127</div> Nonpriority creditor's name and mailing address <u>Carla Castleberry</u> <u>PO Box 33</u> <u>Spring</u> <u>TX</u> <u>77383</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.128</div> Nonpriority creditor's name and mailing address <u>Carlos Holguin</u> <u>1136 Union Mall</u> <u>Honolulu</u> <u>HI</u> <u>96813</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.129</div> Nonpriority creditor's name and mailing address Carmen Julieta Arellano Reyes 3630 E Owens Ave., Apt. 2072 Las Vegas NV 89120 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130</div> Nonpriority creditor's name and mailing address Carolyn Nichols 15703 Heritage Falls Dr. Friendswood TX 77546 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131</div> Nonpriority creditor's name and mailing address Casey Bewley 21060 Woodspring Ave. Boca Raton FL 33428 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132</div> Nonpriority creditor's name and mailing address Cathy Bohgermino 21661 Casa Monte Ct. Boca Raton FL 33433 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133</div> Nonpriority creditor's name and mailing address Cecilia Miramontes 302 E Permian Drive Hobbs NM 88242 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.134</div> Nonpriority creditor's name and mailing address Center For Family Health 6280 Jackson Dr., Suite 8 San Diego CA 92119 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.135</div> Nonpriority creditor's name and mailing address Central Medical Clinic 330 W Marine Dr. Dededo GU 96929 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.136</div> Nonpriority creditor's name and mailing address Cerelita Encinias 653 S Meredith Dr. Pueblo West CO 81007 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.137</div> Nonpriority creditor's name and mailing address Cha Vue 52 Scoles Ct. Sacramento CA 95838 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.138</div> Nonpriority creditor's name and mailing address Chae-Chul Choi 610 White Oak Dr. Newnan GA 30265 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.139</div> Nonpriority creditor's name and mailing address Chaekyoung Park 3705 Foxfield Lane Fairfax VA 22033 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.140</div> Nonpriority creditor's name and mailing address Chang Min Choi 7753 Patriot Dr., #42 Annandale VA 22003 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.141</div> Nonpriority creditor's name and mailing address Chang Moon 433 Sylvan Ave., Apt. #120 Mountain View CA 94041 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.142</div> Nonpriority creditor's name and mailing address Chargeback Gurus 8951 Collin McKinney Pkwy., Suite 1001 McKinney TX 75070 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: unpaid invoice Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$9,505.80
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.143</div> Nonpriority creditor's name and mailing address Charlene Song Md Ob/Gyn 266 S Harvard Blvd., Suite 205 Los Angeles CA 90004 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.144</div> Nonpriority creditor's name and mailing address Charles Henri 20105 Dolphin Ave. Lynwood IL 60411 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.145</div> Nonpriority creditor's name and mailing address Charles Lee 6315 Frenchmens Dr. Alexandria VA 22312 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.146</div> Nonpriority creditor's name and mailing address Charles Rea 948 W 3rd St., #9 Erie PA 16507 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.147</div> Nonpriority creditor's name and mailing address Charles Shim 833 S Western Ave., #27 Los Angeles CA 90005 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148</div> Nonpriority creditor's name and mailing address Cherrina Yoon 491 Saratoga Avenue San Jose CA 95129 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149</div> Nonpriority creditor's name and mailing address Cherry Gil 9700 Ramo Road Santee CA 92071 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.150</div> Nonpriority creditor's name and mailing address Cheryl Bean 140 Forest St. Kountze TX 77625 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.151</div> Nonpriority creditor's name and mailing address Chilan Lu 1230 Halford #1 Santa Clara CA 95051 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.152</div> Nonpriority creditor's name and mailing address Chin Pae Kim 100 Buckingham Dr., #101 Santa Clara CA 95051 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.153</div> Nonpriority creditor's name and mailing address Chip Garcia 505 Indiana Avenue Sacramento CA 95833 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.154</div> Nonpriority creditor's name and mailing address Chong Am Lee 1340 Dabney House Rd. Vernon Hill VA 24597 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.155</div> Nonpriority creditor's name and mailing address Chong Cha Ham 3033 Moore Park Ave., #25 San Jose CA 95117 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156</div> Nonpriority creditor's name and mailing address Chong Sik Im 2326 Worrall Hill Dr. Duluth GA 30096 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.157</div> Nonpriority creditor's name and mailing address Choon How Tan 2733 Glenhurst Pl West Covina CA 91792 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158</div> Nonpriority creditor's name and mailing address Choon Sung Acup & H. Group Inc. 15033 Alondra Blvd. La Mirada CA 90638 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159</div> Nonpriority creditor's name and mailing address Chrisalorus Jackson 10030 Sagecourt Dr. Houston TX 77089 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.160</div> Nonpriority creditor's name and mailing address Christina Ching 1313 N Milpitas Blvd., Suite 163 Milpitas CA 95035 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161</div> Nonpriority creditor's name and mailing address Christina Pritchett 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.162</div> Nonpriority creditor's name and mailing address Christopher Stewart 1051 Fallen Leaf Rd. Arcadia CA 91006 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163</div> Nonpriority creditor's name and mailing address Chuck Kim 7800 Commonwealth Ave., #205 Buena Park CA 90621 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.164</div> Nonpriority creditor's name and mailing address Chun Xiu Liang 46 23 215st, #2FL Bayside NY 11361 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.165</div> Nonpriority creditor's name and mailing address Chung Choi 433 Sylvan Ave., Apt. #120 Mountain View CA 94041 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.166</div> Nonpriority creditor's name and mailing address Chung Im Choi 433 Sylvan Ave., SPC #120 Mountain Vew CA 94041 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.167</div> Nonpriority creditor's name and mailing address Chung Lee 2500 Pleasant Hill Rd., Apt. #1013 Duluth GA 30096 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.168</div> Nonpriority creditor's name and mailing address Chung Yeom 105 Lincoln Road Collegeville PA 19426 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.169</div> Nonpriority creditor's name and mailing address Cindy Lewis 5643 Miller County 2 Doddridge AR 71834 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.170</div> Nonpriority creditor's name and mailing address Clara Delgado PO Box 472261 Charlotte NC 28247 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.171</div> Nonpriority creditor's name and mailing address Claudia Valeriano 8284 White Sands Way Sacramento CA 95828 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.172</div> Nonpriority creditor's name and mailing address Cletus Udeh 2457 US Hwy. 80 E, Apt. 247 Mesquite TX 75150 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.173</div> Nonpriority creditor's name and mailing address Concepcion Martinez 503 Ozark Cir. Sacramento CA 94834 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.174</div> Nonpriority creditor's name and mailing address Connie Im 120 East 20th Avenue Sanmateo CA 94403 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.175</div> Nonpriority creditor's name and mailing address Consuelo Concha Imana 301 E 45th St., Apt. C-27 Vancouver WA 98663 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.176</div> Nonpriority creditor's name and mailing address Contact Concepts 16350 Park Ten Pl, Suite 212 Houston TX 77084 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.177</div> Nonpriority creditor's name and mailing address <u>Corey Tiger</u> <u>7388 NW 18th St., #105</u> <u>Margate</u> <u>FL</u> <u>33063</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.178</div> Nonpriority creditor's name and mailing address <u>Corinne Barraco</u> <u>8305 Sunrise Lakes Blvd., #112</u> <u>Sunrise</u> <u>FL</u> <u>33322</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.179</div> Nonpriority creditor's name and mailing address <u>Corinthian White</u> <u>38 Union Ave</u> <u>Irvington, NJ 7111</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.180</div> Nonpriority creditor's name and mailing address <u>Cornerstone Marketing</u> <u>315 Park Ave., Suite 200</u> <u>Portland</u> <u>ME</u> <u>04102</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.181</div> Nonpriority creditor's name and mailing address Cornet Zeigler 27 Claremont Ave. Mount Vernon NY 10550 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.182</div> Nonpriority creditor's name and mailing address Cosvi Program PO Box 363428 San Juan PR 00936 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.183</div> Nonpriority creditor's name and mailing address Courtney Gordon 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184</div> Nonpriority creditor's name and mailing address Coverage One Insurance Group David Ettinger 1901 West Cypress Creek Rd. Fort Lauderdale FL 33309 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185</div> Nonpriority creditor's name and mailing address <u>Craig Castillo</u> <u>1060 Martin St.</u> <u>Houston TX 77018</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.186</div> Nonpriority creditor's name and mailing address <u>Cristela Salas</u> <u>11563 Wilcrest Dr.</u> <u>Houston TX 77099</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187</div> Nonpriority creditor's name and mailing address <u>Cristian Mendez</u> <u>11211 Katy Frwy., Suite 335</u> <u>Houston TX 77079</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.188</div> Nonpriority creditor's name and mailing address <u>Cristina Avalos</u> <u>6418 B Third Street</u> <u>Riverbanks CA 95367</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.189</div> Nonpriority creditor's name and mailing address Cristuto Genobaga 1615 5th Place Las Vegas NV 89104 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.190</div> Nonpriority creditor's name and mailing address Crosby Association 50 Nashua Rd., Suite 112 Londonderry NH 03053 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191</div> Nonpriority creditor's name and mailing address D.D.S Moon Hye Woon 3323 W Olympic Blvd., Suite 109 Los Angeles CA 90019 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.192</div> Nonpriority creditor's name and mailing address Daigre Southern- James T. Wood 527 Eddie Robinson Sr. Dr. Baton Rouge LA 70802 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.193</div> Nonpriority creditor's name and mailing address Dang Ro Lee 3374 Nadia Loop Woodbridge VA 22193 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194</div> Nonpriority creditor's name and mailing address Daniel Dario Martinez Garduno 3875 Klamath Way Napa CA 94558 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.195</div> Nonpriority creditor's name and mailing address Daniel Jung 1414 South Gramercy Place #11 Los Angeles CA 90019 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.196</div> Nonpriority creditor's name and mailing address Daniel Vargas 94-489 Alapoi Street Mililani HI 96789 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.197</div> Nonpriority creditor's name and mailing address Danny Benjamin 7515 Sheldon Rd. #7102 Elk Grove CA 95758 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.198</div> Nonpriority creditor's name and mailing address Darlen DeLeon 2419 Presidente St. Stockton CA 95210 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199</div> Nonpriority creditor's name and mailing address Daryn Young 1001 Reno Ave., Suite 1B Modesto CA 95351 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.200</div> Nonpriority creditor's name and mailing address Data Partnership Group, LP 4500 Hugh Howell Rd. Suite 620-B Tucker GA 30084 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Breach of Contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.201</div> Nonpriority creditor's name and mailing address <u>David Allan Harris</u> <u>777 Karchner</u> <u>Lincoln</u> <u>CA</u> <u>95648</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.202</div> Nonpriority creditor's name and mailing address <u>David Depablo</u> <u>901 Pennsylvania Ave., Suite 3-630</u> <u>Miami Beach</u> <u>FL</u> <u>33139</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.203</div> Nonpriority creditor's name and mailing address <u>David Han</u> <u>901 S Gramacy Dr., #403</u> <u>Los Angeles</u> <u>CA</u> <u>90019</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.204</div> Nonpriority creditor's name and mailing address <u>David Hecker</u> <u>3010 Latonia St.</u> <u>Longview</u> <u>TX</u> <u>75605</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.205</div> Nonpriority creditor's name and mailing address David Hur 1135 S Lake St. Los Angeles CA 90006 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.206</div> Nonpriority creditor's name and mailing address David L Koontz 560 Spinnaker Ln. Longboat Key FL 34228 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.207</div> Nonpriority creditor's name and mailing address David Molina 828 Grand View Lane La Puente CA 91744 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.208</div> Nonpriority creditor's name and mailing address David Roth 20115 Cypresswood Glen Spring TX 77373 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.209</div> Nonpriority creditor's name and mailing address Daw Sein Tin 22139 59th Ave., Fl. 2 Oakland Gardens NY 11364 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.210</div> Nonpriority creditor's name and mailing address Dax Lawrence Ventures Dax Lawrence 1428 Beacon Hill Dr. Taylorsville UT 84123 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.211</div> Nonpriority creditor's name and mailing address Debbie Ryan 4424 Kadota St. Simi Valley CA 93063 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.212</div> Nonpriority creditor's name and mailing address Delca Abrego 302 East Beach Watsonville CA 95076 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.213</div> Nonpriority creditor's name and mailing address <u>Delia Del Hoyo</u> <u>2498 Cressey Way</u> <u>Atwater</u> <u>CA</u> <u>95301</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.214</div> Nonpriority creditor's name and mailing address <u>Delina Johnson</u> <u>14117 Hubbard St., Suite M</u> <u>Sylmar</u> <u>CA</u> <u>91342</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215</div> Nonpriority creditor's name and mailing address <u>Denise Brown</u> <u>1616 Emanuel St.</u> <u>Georgetown</u> <u>SC</u> <u>29440</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.216</div> Nonpriority creditor's name and mailing address <u>Dennis Lewis</u> <u>8766 Guinevere St.</u> <u>Houston</u> <u>TX</u> <u>77029</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.217</div> Nonpriority creditor's name and mailing address Dental Care Kapolei 91-525 Farrington Hwy. Kapolei HI 96707 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.218</div> Nonpriority creditor's name and mailing address Dental Care Professionals Of Hawaii, Inc 1136 Union Mall Honolulu HI 96813 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.219</div> Nonpriority creditor's name and mailing address Derek Anthony Lewis 110 Locwood Ave., Suite 101 New Rochelle NY 10801 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.220</div> Nonpriority creditor's name and mailing address Derren Tzou 2207 21st Avenue San Francisco CA 94116 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.221</div> Nonpriority creditor's name and mailing address Desiree Rada 1100 Howe Ave. Apt 252 Sacramento CA 95825 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.222</div> Nonpriority creditor's name and mailing address Diamond Marketing Group Llc PO Box 193 Lawton OK 73502 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.223</div> Nonpriority creditor's name and mailing address Diana Gomez 1079 West Main St. Turlock CA 95380 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.224</div> Nonpriority creditor's name and mailing address Diana Marin 1051 Railroad Ave. Winters CA 95694 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.225</div> Nonpriority creditor's name and mailing address <u>Daniel Jimenez</u> <u>845 S Harbord Blvd.</u> <u>Anaheim</u> <u>CA</u> <u>92805</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.226</div> Nonpriority creditor's name and mailing address <u>Diemchi Nguyenphuc</u> <u>555 E PCH, Apt. 101</u> <u>Long Beach</u> <u>CA</u> <u>90806</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.227</div> Nonpriority creditor's name and mailing address <u>Diosdado Cervania</u> <u>6624 Valley High Drive</u> <u>Sacramento</u> <u>CA</u> <u>95823</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.228</div> Nonpriority creditor's name and mailing address <u>Direct Health LLC</u> <u>Alec Buico</u> <u>7940 N Federal Hwy.</u> <u>Boca Raton</u> <u>FL</u> <u>33487</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.229</div> Nonpriority creditor's name and mailing address Dodridge K Linton 4186 Dunmore Rd. Decatur GA 30034 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.230</div> Nonpriority creditor's name and mailing address Dok Yong Kim 421 West Glendon Way Alhambra CA 91803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.231</div> Nonpriority creditor's name and mailing address Donald Breaux 5907 Easter St. Houston TX 77091 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.232</div> Nonpriority creditor's name and mailing address Donald Brown 1332 Palisades Dr. Bolingbrook IL 60490 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.233</div> Nonpriority creditor's name and mailing address <u>Donald Fruin</u> <u>4914 Morning Mount Lane</u> <u>Katy TX 77449</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.234</div> Nonpriority creditor's name and mailing address <u>Donald R Roach</u> <u>113 S Elm St.</u> <u>Bunkie LA 71322</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.235</div> Nonpriority creditor's name and mailing address <u>Dong Han</u> <u>901 S Gramacy Dr., #403</u> <u>Los Angeles CA 90019</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236</div> Nonpriority creditor's name and mailing address <u>Dong Won</u> <u>888 Saratoga Avenue #201</u> <u>San Jose CA 95129</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.237</div> Nonpriority creditor's name and mailing address <u>Dooin Kang</u> <u>5895 Camden Avenue</u> <u>San Jose</u> <u>CA</u> <u>95124</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238</div> Nonpriority creditor's name and mailing address <u>Doori LLC</u> <u>2500 Pleasant Hill Rd., Apt. #1013</u> <u>Duluth</u> <u>GA</u> <u>30096</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.239</div> Nonpriority creditor's name and mailing address <u>Doris Dixon</u> <u>11111 Richmond Ave., Suite 200</u> <u>Houston</u> <u>TX</u> <u>77082</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.240</div> Nonpriority creditor's name and mailing address <u>Doy Pierre</u> <u>2900 14th St. N, Suite 44</u> <u>Naples</u> <u>FL</u> <u>34103</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.241</div> Nonpriority creditor's name and mailing address <u>Dr. George B. Hanna Dds.</u> <u>8914 S Vermont Ave.</u> <u>Los Angeles</u> <u>CA</u> <u>90044</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.242</div> Nonpriority creditor's name and mailing address <u>Dr. Lee Dentistry</u> <u>1674 Pacific Coast Hwy.</u> <u>Harbor City</u> <u>CA</u> <u>90710</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.243</div> Nonpriority creditor's name and mailing address <u>Duck Rye Lee</u> <u>4642 Conwell Dr.</u> <u>Annandale</u> <u>VA</u> <u>22003</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244</div> Nonpriority creditor's name and mailing address <u>EAgent Direct Inc.</u> <u>Adam Awany</u> <u>725 SW 23rd Rd.</u> <u>Miami</u> <u>FL</u> <u>33129</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.245</div> Nonpriority creditor's name and mailing address <u>Earl Redding III</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord</u> <u>CA</u> <u>94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.246</div> Nonpriority creditor's name and mailing address <u>Earnest Lai</u> <u>915 N King St.</u> <u>Honolulu</u> <u>HI</u> <u>96817</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247</div> Nonpriority creditor's name and mailing address <u>Edgar Dalit</u> <u>2236 Kalihi St.</u> <u>Honolulu</u> <u>HI</u> <u>96819</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.248</div> Nonpriority creditor's name and mailing address <u>Edgar Manzano</u> <u>PO Box 437</u> <u>Hughson</u> <u>CA</u> <u>95326</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249</div> Nonpriority creditor's name and mailing address Edison Nuque 171 Bruno Avenue #1 Daly City CA 94014 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.250</div> Nonpriority creditor's name and mailing address Edson Pacheco 9919 Canoga Avenue # 104 Chatsworth CA 91311 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.251</div> Nonpriority creditor's name and mailing address Eduardo E Rebolledo 427 Lake St. Newark NJ 07104 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.252</div> Nonpriority creditor's name and mailing address Eduardo Lopez PO Box 390572 Mountain View CA 94039 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.253</div> Nonpriority creditor's name and mailing address <u>Eduia M. Yorobe Md.</u> <u>10850 Baroque Lane</u> <u>San Diego</u> <u>CA</u> <u>92124</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.254</div> Nonpriority creditor's name and mailing address <u>Eduviges Garcia</u> <u>1108 Symphony Way</u> <u>Modesto</u> <u>CA</u> <u>95351</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.255</div> Nonpriority creditor's name and mailing address <u>Eduwiges Hernandez</u> <u>23 Western Dr.</u> <u>Watsonville</u> <u>CA</u> <u>95076</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.256</div> Nonpriority creditor's name and mailing address <u>Edward Arroyo</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord</u> <u>CA</u> <u>94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257</div> Nonpriority creditor's name and mailing address Edward Im 1031 Nimitz Drive Daly City CA 94015 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.258</div> Nonpriority creditor's name and mailing address Edwin Rincon 9597 Jones Rd., Suite 366 Houston TX 77065 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.259</div> Nonpriority creditor's name and mailing address Eileen Kim 441 N Wildwood Hercules CA 94547 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.260</div> Nonpriority creditor's name and mailing address Elaine Mesinas 94-748 D Hikimoe St. Waipahu HI 96797 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.261</div> Nonpriority creditor's name and mailing address Elena Rivera 6715 Pokeewood Street Las Vegas NV 89148 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.262</div> Nonpriority creditor's name and mailing address Eli Baquero 8043 W McNab Rd. Tamarac FL 33321 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.263</div> Nonpriority creditor's name and mailing address Elia Pena Cruz 521 West Hatch Road #1 Modesto CA 95351 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.264</div> Nonpriority creditor's name and mailing address Eliad Yi 4046 Drew Terrace Fremont CA 94538 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.265</div> Nonpriority creditor's name and mailing address Elidia Moreno 37470 State Hwy 16 Woodland CA 95695 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.266</div> Nonpriority creditor's name and mailing address Elisa Inocencio 94 971 Kahumoku St., #311 Waipahu HI 96797 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.267</div> Nonpriority creditor's name and mailing address Ella Sanders 11111 Richmond Ave., Suite 201 Houston TX 77082 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.268</div> Nonpriority creditor's name and mailing address Ellis Menchaca Jr PO Box 2450 Uvalde TX 78802 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.269</div> Nonpriority creditor's name and mailing address Elpidio Torres Pineda 1561 Orangewood Dr. San Jose CA 95121 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.270</div> Nonpriority creditor's name and mailing address Emma Barahona Paz 3015 Rollingwood Dr. San Pablo CA 94806 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.271</div> Nonpriority creditor's name and mailing address Ena Prado 231 Edna St. San Francisco CA 94112 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.272</div> Nonpriority creditor's name and mailing address Endelicia Tovar 5061 Nunes Rd., Space #4 Turlock CA 95382 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

3.273 Nonpriority creditor's name and mailing address <u>Enrique Dominguez Galvan</u> <u>202 West 8th St., Apt. 2</u> <u>Plainfield, NJ 7060</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.274 Nonpriority creditor's name and mailing address <u>Enrique Esparza</u> <u>13419 Sargent Ave</u> <u>Galt</u> <u>CA</u> <u>95632</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.275 Nonpriority creditor's name and mailing address <u>Enrique Limon</u> <u>13419 Sargent Avenue</u> <u>Galt</u> <u>CA</u> <u>95632</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.276 Nonpriority creditor's name and mailing address <u>Epifania Banderas</u> <u>1248 Myrtle Dr.</u> <u>Upland</u> <u>CA</u> <u>91786</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Amount of claim

3.280	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:		\$0.00
Erika Gartman			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
16615 Castle Fraser Dr.					
			Basis for the claim:		
Houston TX 77084			Face to Face Agent		
Date or dates debt was incurred			Is the claim subject to offset?		
			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number					

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.281</div> Nonpriority creditor's name and mailing address Erika Marcela Garcia Chavez 8949 El Oro Plaza Dr. Elk Grove CA 95624 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.282</div> Nonpriority creditor's name and mailing address Erika Pratt 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283</div> Nonpriority creditor's name and mailing address Erika Reyes 9623 Meadowbriar Lane Houston TX 77063 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.284</div> Nonpriority creditor's name and mailing address Erika Vazquez 55 Taylor Way Sacramento CA 95819 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.285</div> Nonpriority creditor's name and mailing address <u>Ernell Willis</u> <u>3309 W Montebellow Ave.</u> <u>Phoenix</u> <u>AZ</u> <u>85017</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.286</div> Nonpriority creditor's name and mailing address <u>Ernesto T Salas MD</u> <u>27699 Jefferson Ave.</u> <u>Temecula</u> <u>CA</u> <u>92590</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.287</div> Nonpriority creditor's name and mailing address <u>Ervin Thomas</u> <u>15210 Lakewood Forest Dr.</u> <u>Houston</u> <u>TX</u> <u>77070</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.288</div> Nonpriority creditor's name and mailing address <u>Esperanza Javier</u> <u>94 493 Hiwahiwa Way</u> <u>Waipahu</u> <u>HI</u> <u>96797</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.289</div> Nonpriority creditor's name and mailing address Esperanza Morfin 220 Allport Dr. Galt CA 95632 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.290</div> Nonpriority creditor's name and mailing address Esther Barahona 106 20 50 Ave., Apt. 1 Corona NY 11368 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.291</div> Nonpriority creditor's name and mailing address Euljae Lee 888 Saratoga Avenue San Jose CA 95129 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.292</div> Nonpriority creditor's name and mailing address Eun Young Son 6323 Betsy Ross Court Centreville VA 20121 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.293</div> Nonpriority creditor's name and mailing address <u>Eusook Kim</u> <u>9896 N. Cedar Ave.</u> <u>Fresno</u> <u>CA</u> <u>93720</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.294</div> Nonpriority creditor's name and mailing address <u>Evelina Tejada</u> <u>9841 SW 1st Ct.</u> <u>Plantation</u> <u>FL</u> <u>33324</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.295</div> Nonpriority creditor's name and mailing address <u>Evelyn Sandier</u> <u>3007 Lightstar Dr.</u> <u>Houston</u> <u>TX</u> <u>77045</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.296</div> Nonpriority creditor's name and mailing address <u>Evelyn Sandifer</u> <u>3007 Lightstar Dr.</u> <u>Houston</u> <u>TX</u> <u>77045</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.297</div> Nonpriority creditor's name and mailing address Evelyn Subia 1652 Hauiki St. Honolulu HI 96819 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.298</div> Nonpriority creditor's name and mailing address Eye Bank Optometry 3770 Wilshire Blvd. Los Angeles CA 90010 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.299</div> Nonpriority creditor's name and mailing address Ezzat Nashed 16200 Bear Valley Rd., Suite 102 Victorville CA 92395 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.300</div> Nonpriority creditor's name and mailing address Fabian Rodriguez PMB 408 PO Box 4952 Caguas PR 00726 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.301</div> Nonpriority creditor's name and mailing address Fabiola Rios 7100 Ming Ave., Apt. C Bakersfield CA 93309 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.302</div> Nonpriority creditor's name and mailing address Fairfax Foot & Ankle Ctr. PC Fairfax Medical Ctr. 10721 Main St. A Walnut Park CA 90255 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.303</div> Nonpriority creditor's name and mailing address Family Care - AWIS 11111 Richmond Ave., Suite 200 Houston TX 77082 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.304</div> Nonpriority creditor's name and mailing address Family Care Network Jerry Bush PO Box 5702 Granbury TX 76049 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.305</div> Nonpriority creditor's name and mailing address <u>Family Dental Care</u> <u>1327 Long Beach Blvd.</u> <u>Long Beach</u> <u>CA</u> <u>90813</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.306</div> Nonpriority creditor's name and mailing address <u>Family First Insurance Advisors</u> <u>Stephen Fingal</u> <u>350 Fairway Dr.</u> <u>Deerfield</u> <u>FL</u> <u>33441</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.307</div> Nonpriority creditor's name and mailing address <u>Family Health Care of So CA</u> <u>32235 Mission Trail Rd., Suite 6-7&B6</u> <u>Lake Elsinore</u> <u>CA</u> <u>92530</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.308</div> Nonpriority creditor's name and mailing address <u>Family Medical Center</u> <u>26781 Portola Pkwy, Suite 4E</u> <u>Foothill Rnch</u> <u>CA</u> <u>92610</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.309</div> Nonpriority creditor's name and mailing address Family Medical Group 205 W Granger Ave. Modesto CA 95350 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.310</div> Nonpriority creditor's name and mailing address Family-4 115 Hollybrooke Dr. Langhorne PA 19047 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.311</div> Nonpriority creditor's name and mailing address Fanny Mayo 3334 Page Street Redwood City CA 94063 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.312</div> Nonpriority creditor's name and mailing address Fashion Eyes Optometry 17188 Colima Rd. Hacienda Heights CA 91745 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.313</div> Nonpriority creditor's name and mailing address Fatima Aguilar 14725 Titus St., #15 Panorama City CA 91402 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.314</div> Nonpriority creditor's name and mailing address Felipa Aguilar 1648 Waverly Avenue San Jose CA 95122 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.315</div> Nonpriority creditor's name and mailing address Feng Shen 3033 Moorpark Avenue #25 San Jose CA 95117 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.316</div> Nonpriority creditor's name and mailing address Fernando Lizarazu 1445 Lakeside Estates Dr., Apt. 2813 Houston TX 77042 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.317</div> Nonpriority creditor's name and mailing address Fidel Chagala 603 Glide Ave. Espacio #19 West Sacramento CA 95691 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.318</div> Nonpriority creditor's name and mailing address First Continental Life 101 Parklane Blvd., Suite 301 Sugar Land TX 77478 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Marketing Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.319</div> Nonpriority creditor's name and mailing address Florence Manayan 1319 Gulick Ave. Honolulu HI 96819 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.320</div> Nonpriority creditor's name and mailing address Florinda Oliva Cruz 121 N Hebbbron Ave. Salinas CA 93905 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.321</div> Nonpriority creditor's name and mailing address Fontana Clinica Medica Familiar 17695 Arrow Blvd. Fontana CA 92335 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.322</div> Nonpriority creditor's name and mailing address Fortune Financial Services 2304 Sand Rd. Vernon TX 76384 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.323</div> Nonpriority creditor's name and mailing address Francisco Gatica 985 Vermont St. San Jose CA 95126 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.324</div> Nonpriority creditor's name and mailing address Francisco Marquez 3143 Maple Ave. Oakland CA 94602 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.325</div> Nonpriority creditor's name and mailing address Francisco Palafox Pena PO Box 418 Fairfield CA 94533 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.326</div> Nonpriority creditor's name and mailing address Frank S. Cline Premier Marketing Alliance Arlington TX 76011 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.327</div> Nonpriority creditor's name and mailing address Frank Suwarski 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328</div> Nonpriority creditor's name and mailing address Fred Brown 8872 Crumpler Cove Olive Branch MS 38654 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.329</div> Nonpriority creditor's name and mailing address <u>Free Market Administrators</u> <u>16633 Dallas Pkwy., #320</u> <u>Addison TX 75001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330</div> Nonpriority creditor's name and mailing address <u>Gabriela Garcia</u> <u>2352 Villanova CR Apt. #1</u> <u>Sacramento CA 95825</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.331</div> Nonpriority creditor's name and mailing address <u>Gabriela Garcia</u> <u>3332 Jayanne Way</u> <u>Carmichael CA 95608</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.332</div> Nonpriority creditor's name and mailing address <u>Gail Edwards</u> <u>2515 Eastman Lane</u> <u>Petaluma CA 94952</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.333</div> Nonpriority creditor's name and mailing address <u>Gail Neal-Williams</u> <u>3124 Garrow Dr., Suite 163</u> <u>Antioch</u> <u>CA</u> <u>94509</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334</div> Nonpriority creditor's name and mailing address <u>Garcia Optical</u> <u>674 Harmon Loop Rd., Suite 113</u> <u>Dededo</u> <u>GU</u> <u>96929</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.335</div> Nonpriority creditor's name and mailing address <u>Gary Mialocq</u> <u>PO Box 662</u> <u>Camp Verde</u> <u>AZ</u> <u>86322</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336</div> Nonpriority creditor's name and mailing address <u>George Gaskins</u> <u>606 Williamsburg Dr.</u> <u>Tarboro</u> <u>NC</u> <u>27886</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.337</div> Nonpriority creditor's name and mailing address George Gemmell 22145 Cressmont Pl. Boca Raton FL 33428 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.338</div> Nonpriority creditor's name and mailing address Georgina Gabriela Luna 608 Mckinley Ave., Apt. #3 Woodland CA 95695 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.339</div> Nonpriority creditor's name and mailing address Gerson Petigny 2950 W Cypress Creek Rd. Fort Lauderdale FL 33309 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.340</div> Nonpriority creditor's name and mailing address Gil Dia 142 East Bonita Avenue # 56 San Dimas CA 91773 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.341</div> Nonpriority creditor's name and mailing address Gilbert Garcia 3244 Brookside Rd., Suite 140 Stockton CA 95219 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.342</div> Nonpriority creditor's name and mailing address Gilbert Medical Group 9535 Garden Grove Blvd., Suite 104 Garden Grove CA 92844 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.343</div> Nonpriority creditor's name and mailing address Gilok Lim 3033 Moor Park Ave., #25 San Jose CA 95117 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.344</div> Nonpriority creditor's name and mailing address Gladys Arellano 3930 Clear Acre Lane #124 Reno NV 89512 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.345</div> Nonpriority creditor's name and mailing address <u>Glenda Bough</u> <u>2222 Watt Ave., Suite D-3</u> <u>Sacramento</u> <u>CA</u> <u>95825</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.346</div> Nonpriority creditor's name and mailing address <u>Glenn Hanada</u> <u>915 N King St.</u> <u>Honolulu</u> <u>HI</u> <u>96717</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.347</div> Nonpriority creditor's name and mailing address <u>Global Health and Life, LLC</u> <u>Uri Mike Chakchakov</u> <u>1500 W Cypress Creek Rd.</u> <u>Fort Lauderdale</u> <u>FL</u> <u>33309</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.348</div> Nonpriority creditor's name and mailing address <u>Golden Town Investments Inc.</u> <u>2917 Monroe Place</u> <u>Falls Church</u> <u>VA</u> <u>22042</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.349</div> Nonpriority creditor's name and mailing address Gonzalo Rivas Servin 5195 Mack Road, Apt. #261 Sacramento CA 95823 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.350</div> Nonpriority creditor's name and mailing address Good Hands P.C. 3139 S Yale Ave. Tulsa OK 74135 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351</div> Nonpriority creditor's name and mailing address Good Mornings Acupuncture 942 S New Hampshire Ave. Los Angeles CA 90006 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.352</div> Nonpriority creditor's name and mailing address Grace Acupncture Medical 960 S Wilton Place Los Angeles CA 90019 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.353</div> Nonpriority creditor's name and mailing address <u>Great Health Choice</u> <u>Andres Suarez</u> <u>8043 W McNab Rd.</u> <u>Tamarac</u> <u>FL</u> <u>33321</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.354</div> Nonpriority creditor's name and mailing address <u>Greater Benefits Sevices LLC</u> <u>15911 Fleetwood Oaks Dr.</u> <u>Houston</u> <u>TX</u> <u>77079</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.355</div> Nonpriority creditor's name and mailing address <u>Greater Life</u> <u>3689 Midway Dr., Suite G</u> <u>San Diego</u> <u>CA</u> <u>92110</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.356</div> Nonpriority creditor's name and mailing address <u>Greg Richey</u> <u>5100 Beech St.</u> <u>Bellaire</u> <u>TX</u> <u>77401</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357</div> Nonpriority creditor's name and mailing address <u>Gregorio Martinez Basilio</u> <u>8572 Villaview Dr.</u> <u>Citrus Heights</u> <u>CA</u> <u>95621</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.358</div> Nonpriority creditor's name and mailing address <u>Gregory Curtis</u> <u>325 West Washington Ave.</u> <u>San Diego</u> <u>CA</u> <u>92103</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.359</div> Nonpriority creditor's name and mailing address <u>Gregory Saville</u> <u>1393 SE Madison Ave.</u> <u>Stuart</u> <u>FL</u> <u>34996</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.360</div> Nonpriority creditor's name and mailing address <u>Griselda Aguilar</u> <u>21731 Chona Court</u> <u>San Jose</u> <u>CA</u> <u>95120</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.361</div> Nonpriority creditor's name and mailing address Group Allied Financial 15455 Dallas Pkwy, Suite 600 Addison TX 75001 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.362</div> Nonpriority creditor's name and mailing address Gu Sung Medical Center 2323 W 8th St., Suite 101 Los Angeles CA 90057 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.363</div> Nonpriority creditor's name and mailing address Guadalupe Esparza 13419 Sargent Ave. Galt CA 95632 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.364</div> Nonpriority creditor's name and mailing address Guadalupe Maribel Rodriguez Garcia 18054 Brightman Ave. Lake Elsinore CA 92530 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.365</div> Nonpriority creditor's name and mailing address Guadalupe Martinez 1112 E Grand Rd. El Nido CA 95317 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.366</div> Nonpriority creditor's name and mailing address Guadalupe Rojas 1276 Wawona St. Manteca CA 95337 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.367</div> Nonpriority creditor's name and mailing address Guam Polyclinic 138 Ypao Rd. Tamuning GU 96913 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.368</div> Nonpriority creditor's name and mailing address Guillermina Torres 521 W Hatch, #3 Modesto CA 95351 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369</div> Nonpriority creditor's name and mailing address Ha Son Nguyen 9500 Bolsa Ave., Suite P Westminster CA 92683 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.370</div> Nonpriority creditor's name and mailing address Hae Hong 6025 Halleck Place Stockton CA 95219 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.371</div> Nonpriority creditor's name and mailing address Hae Kyun Shin 16715 Cobbleston Ct Cerritos CA 90703 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.372</div> Nonpriority creditor's name and mailing address Hae-Rha Lim 22119 Fair Garden Lane Clarksburg MD 20871 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.373</div> Nonpriority creditor's name and mailing address <u>Hagop Kazizian</u> <u>12610 Rio Bravo St.</u> <u>Rosharon TX 77583</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.374</div> Nonpriority creditor's name and mailing address <u>Halh Insurance Connect</u> <u>Steven Rubin</u> <u>2765 Vista Pkwy., Suite H2</u> <u>West Palm Beach FL 33411</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.375</div> Nonpriority creditor's name and mailing address <u>Han Joong Acupuncture</u> <u>4753 Beverly Blvd.</u> <u>Los Angeles CA 90004</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.376</div> Nonpriority creditor's name and mailing address <u>Han Kim Chiropractic</u> <u>122 S St. Andrews Place, Apt. 105</u> <u>Los Angeles CA 90004</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.377</div> Nonpriority creditor's name and mailing address Han Sung Acupuncture 12923 Brookhurst Way Garden Grove CA 92841 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.378</div> Nonpriority creditor's name and mailing address Hang Nguyen 3415 Golders Green Dr. Houston TX 77082 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.379</div> Nonpriority creditor's name and mailing address Harriet Flordeliz Baclagan 830 Raleigh St. Apt. C Glendale CA 91205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.380</div> Nonpriority creditor's name and mailing address Harry Yim 2885 Gingerwood Cir. Fullerton CA 92835 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.381</div> Nonpriority creditor's name and mailing address <u>Hasung Lee</u> <u>3663 W 6th St., Suite 303</u> <u>Los Angeles</u> <u>CA</u> <u>90020</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.382</div> Nonpriority creditor's name and mailing address <u>Health Advisors of America Inc.</u> <u>Marsha Griffin</u> <u>5310 NW 33d Ave., Suite 103</u> <u>Fort Lauderdale</u> <u>FL</u> <u>33309</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.383</div> Nonpriority creditor's name and mailing address <u>Health Benefits Direct LLC</u> <u>Mario Soto</u> <u>21300 NW 40th Circle Court</u> <u>Miami Gardens</u> <u>FL</u> <u>33055</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.384</div> Nonpriority creditor's name and mailing address <u>Health First Solutions</u> <u>Daniel Dayan</u> <u>6360 NW 5th Way, Suite 202</u> <u>Fort Lauderdale</u> <u>FL</u> <u>33309</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.385</div> Nonpriority creditor's name and mailing address <u>Healthcare Affordable Family</u> <u>4141 Ball Rd., Suite 463</u> <u>Cypress</u> <u>CA</u> <u>90630</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.386</div> Nonpriority creditor's name and mailing address <u>Healthcare Nu Horizon</u> <u>925 Centinela Ave., Apt. 3</u> <u>Inglewood</u> <u>CA</u> <u>90302</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.387</div> Nonpriority creditor's name and mailing address <u>Heather Gentry</u> <u>8870 Adams Flat Road</u> <u>Brookshire</u> <u>TX</u> <u>77423</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.388</div> Nonpriority creditor's name and mailing address <u>Heather Hyun Han</u> <u>1345 Emerald Dr. #211</u> <u>Los Angeles</u> <u>CA</u> <u>90026</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.389</div> Nonpriority creditor's name and mailing address <u>Hector Vallejo</u> <u>2902 Hapner St.</u> <u>Harlingen TX 78550</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.390</div> Nonpriority creditor's name and mailing address <u>Hee Y. Oh</u> <u>19036 Colima Rd., Suite D</u> <u>Rowland Heights CA 91748</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.391</div> Nonpriority creditor's name and mailing address <u>Helen Kim</u> <u>868 Fargo Ave #D205</u> <u>San Leandro CA 94579</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.392</div> Nonpriority creditor's name and mailing address <u>Helen Sapla</u> <u>88 Pakalana St.</u> <u>Hilo HI 96720</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.393</div> Nonpriority creditor's name and mailing address Henry Montalvo 472 7th Ave. Brooklyn NY 11215 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.394</div> Nonpriority creditor's name and mailing address Henry Williams Jr. 961 Benchfield Houston TX 77091 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.395</div> Nonpriority creditor's name and mailing address Herber Mathews 8720 Waverly Ave Kansas City KS 66109 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396</div> Nonpriority creditor's name and mailing address Herminia Borge 328 E Lake Ave. Watsonville CA 95076 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.397</div> Nonpriority creditor's name and mailing address Herminia Borge 328 East Lake Ave. Watsonville CA 95076 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.398</div> Nonpriority creditor's name and mailing address Hi Sung Yun 615 Bolton Court #2 San Jose CA 95029 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.399</div> Nonpriority creditor's name and mailing address Hiep Phan 15692 Willow Run Dr. Chino Hills CA 91709 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.400</div> Nonpriority creditor's name and mailing address High Expectation 1207 Blackhawk Ridge Ct. Rosenberg TX 77471 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.401</div> Nonpriority creditor's name and mailing address Hilda Dera 170 Coral Drive Woodland CA 95695 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.402</div> Nonpriority creditor's name and mailing address Hipower Promotions 251 N Dupont Hwy., Suite 106CC Dover DE 19901 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.403</div> Nonpriority creditor's name and mailing address HNH Marketing 22119 Fair Garden Lane Clarksburg MD 20871 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.404</div> Nonpriority creditor's name and mailing address Ho Jun Park 735 Friras Head Dr Suwanee GA 30024 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.405</div> Nonpriority creditor's name and mailing address Ho Kang Kim 888 Saratoga Avenue #201 San Jose CA 95129 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.406</div> Nonpriority creditor's name and mailing address Holly Schinagle 45 Bell St. Chagrin Falls OH 44022 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.407</div> Nonpriority creditor's name and mailing address Hortensia Villegas 421 Martinelli St. Watsonville CA 95076 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.408</div> Nonpriority creditor's name and mailing address HTL Marketing 22119 Fair Garden Lane Clarksburg MD 20871 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.413</div> Nonpriority creditor's name and mailing address Hye Ryung Kim 10804 Sunset Ridge Dr. San Diego CA 92131 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.414</div> Nonpriority creditor's name and mailing address Hye Yu 4882 Chalmette Park Ct. Fremont CA 94538 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415</div> Nonpriority creditor's name and mailing address Hyun Cho 1650 Palm Avenue #3 San Mateo CA 94402 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.416</div> Nonpriority creditor's name and mailing address Hyun Chu PO Box 212 Annandale VA 22003 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.417</div> Nonpriority creditor's name and mailing address Hyun Joo Lee 5607 Castlebury Ct. Burke VA 22015 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.418</div> Nonpriority creditor's name and mailing address Hyun Moon 233 8th St., Floor 2 Palisades Park, NJ 7650 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.419</div> Nonpriority creditor's name and mailing address Hyun Seung Song 3798 Hancock Dr Santa Clara CA 95051 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.420</div> Nonpriority creditor's name and mailing address Hyun Soon Moon 212 S. Union Ave., #302 Los Angeles CA 90026 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.421</div> Nonpriority creditor's name and mailing address Hyung Cha 6302 Story Cir. Norcross GA 30093 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.422</div> Nonpriority creditor's name and mailing address Hyung Lim 22119 Fair Garden Lane Clarksburg MD 20871 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.423</div> Nonpriority creditor's name and mailing address Hyung Taek Lim 22119 Fair Garden Lane Clarksburg MD 20871 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.424</div> Nonpriority creditor's name and mailing address Hyunjoon Kang 409 Evelyn Ave # 214 Albany CA 94706 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.425</div> Nonpriority creditor's name and mailing address In Cha Chung 14075 E. 14th Street San Leandro CA 94578 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.426</div> Nonpriority creditor's name and mailing address IN Kang 9008 Laurel St. Bellflower CA 90706 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.427</div> Nonpriority creditor's name and mailing address INC Bransom Associates 903 Old Rossville Rd. Lewisberry PA 17339 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.428</div> Nonpriority creditor's name and mailing address INC Nationwide Media 1835 Newport Blvd., Suite A Costa Mesa CA 92627 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.429</div> Nonpriority creditor's name and mailing address <u>Ingrid Cazzalli</u> <u>1912 Hollister St.</u> <u>Ceres</u> <u>CA</u> <u>95307</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.430</div> Nonpriority creditor's name and mailing address <u>Insurance Agency Big Country</u> <u>301 N Willis St.</u> <u>Abilene</u> <u>TX</u> <u>79603</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.431</div> Nonpriority creditor's name and mailing address <u>Insurance Care Now</u> <u>Witfield Jean Baptisie</u> <u>111 East Newport Center Dr.</u> <u>Deerfield Beach</u> <u>FL</u> <u>33442</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.432</div> Nonpriority creditor's name and mailing address <u>Insurance Co.</u> <u>G. Amie</u> <u>121 Lakewind Dr.</u> <u>Lufkin</u> <u>TX</u> <u>75901</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.433</div> Nonpriority creditor's name and mailing address <u>Insurance for All Insurance Agency</u> <u>Mark Schneider</u> <u>81 NW 29th Terrace</u> <u>Fort Lauderdale</u> <u>FL</u> <u>33311</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.434</div> Nonpriority creditor's name and mailing address <u>Insurance Sunny Days</u> <u>741 Cambridge</u> <u>Plano</u> <u>TX</u> <u>75023</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.435</div> Nonpriority creditor's name and mailing address <u>International Benefits System</u> <u>1723 Parklake Village</u> <u>Katy</u> <u>TX</u> <u>77450</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.436</div> Nonpriority creditor's name and mailing address <u>International Food Service</u> <u>Executive Association</u> <u>9510 SW 70th Loop</u> <u>Ocala</u> <u>FL</u> <u>34481</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.437</div> Nonpriority creditor's name and mailing address Irene Rivera 29 A West Florimond Drive Calusa CA 95932 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.438</div> Nonpriority creditor's name and mailing address Irma Garcia 306 Lowell Way Manteca CA 95336 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.439</div> Nonpriority creditor's name and mailing address Irma Morales 3473 Rancho Rio Way Sacramento CA 95834 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.440</div> Nonpriority creditor's name and mailing address Irvin Brown 1717 Temi Dr. Waldorf MD 20601 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.441</div> Nonpriority creditor's name and mailing address <u>Irvine Naeun Medical Center</u> <u>4840 Irvine Blvd., Suite 203</u> <u>Irvine</u> <u>CA</u> <u>92620</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.442</div> Nonpriority creditor's name and mailing address <u>Isabel Cisneros</u> <u>285 W 4th Street</u> <u>Stockton</u> <u>CA</u> <u>95206</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.443</div> Nonpriority creditor's name and mailing address <u>Isabel Lozano</u> <u>770 N Winchester Blvd., Apt. #15</u> <u>San Jose</u> <u>CA</u> <u>95128</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.444</div> Nonpriority creditor's name and mailing address <u>Isaura Lizeth Ramos Gomez</u> <u>780 Priddy Dr.</u> <u>Dixon</u> <u>CA</u> <u>95620</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.445</div> Nonpriority creditor's name and mailing address <u>Island Surgical Center</u> <u>633 Gov Carlos G Camacho Rd., Suite 202</u> <u>Tamuning</u> <u>GU</u> <u>96913</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.446</div> Nonpriority creditor's name and mailing address <u>Israel Siguenza</u> <u>3150 Hillview Dr. North</u> <u>Chino</u> <u>CA</u> <u>91710</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.447</div> Nonpriority creditor's name and mailing address <u>ITC Clinic</u> <u>590 S Marine Dr., Suite 126</u> <u>Tamuning</u> <u>GU</u> <u>96913</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.448</div> Nonpriority creditor's name and mailing address <u>IZAGG</u> <u>1595 Mount Lebanon Rd.</u> <u>Cedar Hill</u> <u>TX</u> <u>75104</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.449</div> Nonpriority creditor's name and mailing address J Fernando Alias Md. 1401 Spanos Ct. Modesto CA 95355 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.450</div> Nonpriority creditor's name and mailing address J R P Inc. PO Box 832 Wayzata MN 55391 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.451</div> Nonpriority creditor's name and mailing address J Raymundo Aguirre Rodriguez 2263 Craig Avenue Sacramento CA 95832 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.452</div> Nonpriority creditor's name and mailing address J.R. Sturich M.D. 3300 E South St., Suite 305 Lakewood CA 90805 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.453</div> Nonpriority creditor's name and mailing address <u>Jacob Brock</u> <u>413 Sarah Circle</u> <u>Roanoke TX 76262</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.454</div> Nonpriority creditor's name and mailing address <u>Jacqueline Baca Cruz</u> <u>654 Brooks Ave.</u> <u>Yuba City CA 95991</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.455</div> Nonpriority creditor's name and mailing address <u>Jae Boon Lee</u> <u>602 Fairview Avenue #16</u> <u>Arcadia CA 91007</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.456</div> Nonpriority creditor's name and mailing address <u>Jae Im Yoo</u> <u>3901 Roxfield Dr.</u> <u>Buford GA 30518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.457</div> Nonpriority creditor's name and mailing address <u>Jae J. Kim Dds</u> <u>17476 Colima Rd.</u> <u>Rowland Heights</u> <u>CA</u> <u>91748</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.458</div> Nonpriority creditor's name and mailing address <u>Jae Lee</u> <u>5452 Spey Ct.</u> <u>Alpharetta</u> <u>GA</u> <u>30022</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.459</div> Nonpriority creditor's name and mailing address <u>Jaime Mendoza Gonzalez</u> <u>9014 N El Dorado St.</u> <u>Stockton</u> <u>CA</u> <u>95210</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.460</div> Nonpriority creditor's name and mailing address <u>Jaine Billieu</u> <u>109 W Randol Mill Rd., Suite 102</u> <u>Arlington</u> <u>TX</u> <u>76011</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.461</div> Nonpriority creditor's name and mailing address James Baker 915 N King St. Honolulu HI 96817 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.462</div> Nonpriority creditor's name and mailing address James Carson PO Box 310670 Detroit MI 48231 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.463</div> Nonpriority creditor's name and mailing address James Carvin 789 Cotton Bay Dr. E, Apt. 2712 West Palm Beach FL 33406 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.464</div> Nonpriority creditor's name and mailing address James Cho 1245 Wilshire Blvd., Suite 917 Los Angeles CA 90017 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.465</div> Nonpriority creditor's name and mailing address James Clinton McFadden 1074 Ralph Ave., Floor 2 Brooklyn NY 11236 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.466</div> Nonpriority creditor's name and mailing address James J Durham Jr. 6 Sedgewick Cir. South Windsor CT 06074 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.467</div> Nonpriority creditor's name and mailing address James Jhung 3435 Wilshire Blvd #320 Los Angeles CA 90010 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.468</div> Nonpriority creditor's name and mailing address James Jhung 1881 West Jefferson Blvd #203 Los Angeles CA 90018 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.469</div> Nonpriority creditor's name and mailing address James Linkin 11511 113th St. N, #34 B Largo FL 33778 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.470</div> Nonpriority creditor's name and mailing address James Novak 316 25th St. San Diego CA 92102 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.471</div> Nonpriority creditor's name and mailing address James Paul Almosara 94 133 Pahu St. Waipahu HI 96797 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.472</div> Nonpriority creditor's name and mailing address James Stewart 1051 Fallen Leaf Rd. Arcadia CA 91006 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.473</div> Nonpriority creditor's name and mailing address <u>James Turner Insurance</u> <u>1377 Lorraine Lane</u> <u>Kaufman</u> <u>TX</u> <u>75142</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.474</div> Nonpriority creditor's name and mailing address <u>James Zatezalo</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord</u> <u>CA</u> <u>94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.475</div> Nonpriority creditor's name and mailing address <u>Jane Leilani Pascual</u> <u>95-061 Waikalani Dr., D801</u> <u>Mililani</u> <u>HI</u> <u>96789</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.476</div> Nonpriority creditor's name and mailing address <u>Jane Pascual</u> <u>95-061 Waikalani Dr.</u> <u>Mililani</u> <u>HI</u> <u>96789</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.477</div> Nonpriority creditor's name and mailing address Janet Chung 16884 E 14th Street San Leandro CA 94578 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.478</div> Nonpriority creditor's name and mailing address Janeth Sierra PO Box 578455 Modesto CA 95357 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.479</div> Nonpriority creditor's name and mailing address Jang Ko 3295 El Camino Real Santa Clara CA 95051 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.480</div> Nonpriority creditor's name and mailing address Jang Woo Whi 2831 FLores Street #104 San Mateo CA 94403 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.481</div> Nonpriority creditor's name and mailing address <u>Jason Lee</u> <u>3876 Bradwater St.</u> <u>Fairfax</u> <u>VA</u> <u>22031</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.482</div> Nonpriority creditor's name and mailing address <u>Jason McDowell</u> <u>1835 S Perimeter Rd., #165</u> <u>Fort Lauderdale</u> <u>FL</u> <u>33309</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.483</div> Nonpriority creditor's name and mailing address <u>Javier Celis</u> <u>13633 Doty Ave., Apt. 18</u> <u>Hawthorne</u> <u>CA</u> <u>90250</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.484</div> Nonpriority creditor's name and mailing address <u>Javier Garces</u> <u>PO Box 211221</u> <u>South Daytona</u> <u>FL</u> <u>32121</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.485</div> Nonpriority creditor's name and mailing address Jayoung Sa 1037 E 22nd St. Los Angeles CA 90011 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.486</div> Nonpriority creditor's name and mailing address JC America Enterprises 8419 Brooklyn Rd. Sacramento CA 95829 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.487</div> Nonpriority creditor's name and mailing address Jean Lee 3561 Homestead Road #463 Santa Clara CA 95051 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.488</div> Nonpriority creditor's name and mailing address Jeanette Crummedyo PO Box 925 Missouri City TX 77459 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.489</div> Nonpriority creditor's name and mailing address Jeannette Detrinidad 249 N Palm Ave., Apt. #D Upland CA 91786 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.490</div> Nonpriority creditor's name and mailing address Jeff Bradshaw 1107 Fair Oaks Ave., #189 South Pasadena CA 91030 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.491</div> Nonpriority creditor's name and mailing address Jefferson Suh 321 N. Kenmore Ave., #213 Los Angeles CA 90004 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.492</div> Nonpriority creditor's name and mailing address Jeffrey Thomas 9850 Genesee Ave., Suite 910 La Jolla CA 92037 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.493</div> Nonpriority creditor's name and mailing address Jennifer McLeod 1356 E 48th St. Brooklyn NY 11234 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin-left: auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.494</div> Nonpriority creditor's name and mailing address Jennifer Tan-Heahlke 915 N King St. Honolulu HI 96817 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin-left: auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.495</div> Nonpriority creditor's name and mailing address Jennifer White 3521 851 NW 33rd Ter. Fort Lauderdale FL 33311 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin-left: auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.496</div> Nonpriority creditor's name and mailing address Jenny Andrea Veira Mejia 1025 McKay Dr., #26 San Jose CA 95131 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin-left: auto;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.497</div> Nonpriority creditor's name and mailing address <u>Jenny Jeongwon Oshima</u> <u>2264 Maximilian Drive</u> <u>Campbell</u> <u>CA</u> <u>95008</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.498</div> Nonpriority creditor's name and mailing address <u>Jeom Soon Yun</u> <u>1812 Briarwood Cir.</u> <u>Milledgeville</u> <u>GA</u> <u>31061</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.499</div> Nonpriority creditor's name and mailing address <u>Jeri Hill Billow</u> <u>Jeri Billow</u> <u>6152 NW 74 Court</u> <u>Parkland</u> <u>FL</u> <u>33067</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.500</div> Nonpriority creditor's name and mailing address <u>Jericho Amaroso</u> <u>515 Golden Spur Cir.</u> <u>Walnut</u> <u>CA</u> <u>91789</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.501</div> Nonpriority creditor's name and mailing address <u>Jerry Bush</u> <u>4900 Rio Vista Dr.</u> <u>Granbury TX 76049</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.502</div> Nonpriority creditor's name and mailing address <u>Jerry Cabebe</u> <u>114 Harbor Coast St.</u> <u>Las Vegas NV 89148</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.503</div> Nonpriority creditor's name and mailing address <u>Jessiah Heaton</u> <u>180 S Lexington Dr.</u> <u>Folsom CA 95630</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.504</div> Nonpriority creditor's name and mailing address <u>Jessica Cho</u> <u>2080 Century Park E, Suite 909</u> <u>Los Angeles CA 90067</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.505</div> Nonpriority creditor's name and mailing address <u>Jessica Lim</u> <u>10540 Randy Lane</u> <u>Cupertino</u> <u>CA</u> <u>95014</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.506</div> Nonpriority creditor's name and mailing address <u>Jessica R. Powers</u> <u>14 Blakes Hill Rd.</u> <u>Westford, MA 1886</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.507</div> Nonpriority creditor's name and mailing address <u>Jessica Rodriguez</u> <u>3425 Pinewalk Dr., Apt. 202</u> <u>Margate</u> <u>FL</u> <u>33063</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.508</div> Nonpriority creditor's name and mailing address <u>Jessica Ross</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord</u> <u>CA</u> <u>94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.509</div> Nonpriority creditor's name and mailing address <u>Jessica Whipple</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord</u> <u>CA</u> <u>94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.510</div> Nonpriority creditor's name and mailing address <u>Jessie Simmons</u> <u>4000 Allendale Rd., #1223</u> <u>Houston</u> <u>TX</u> <u>77017</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.511</div> Nonpriority creditor's name and mailing address <u>Jesus Gangi</u> <u>7257 W Touhy Ave., Suite 202</u> <u>Chicago</u> <u>IL</u> <u>60631</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.512</div> Nonpriority creditor's name and mailing address <u>Jesus Heredia</u> <u>720 Crater Ave.</u> <u>Modesto</u> <u>CA</u> <u>95351</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.513</div> Nonpriority creditor's name and mailing address <u>Jesus Pena Andrade</u> <u>2037 Garvin Avenue</u> <u>Richmond</u> <u>CA</u> <u>94801</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.514</div> Nonpriority creditor's name and mailing address <u>Ji Nam Lee</u> <u>6032 Kingman Ave., #D</u> <u>Buena Park</u> <u>CA</u> <u>90621</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.515</div> Nonpriority creditor's name and mailing address <u>Jihwa Lim</u> <u>4040 West Campbell Ave</u> <u>Campbell</u> <u>CA</u> <u>95008</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.516</div> Nonpriority creditor's name and mailing address <u>Jimmy Choi</u> <u>1131 N Vermont Ave., Suite 201</u> <u>Los Angeles</u> <u>CA</u> <u>90029</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.517</div> Nonpriority creditor's name and mailing address Jimmy King 422 Magnolia Hughes Springs TX 75656 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.518</div> Nonpriority creditor's name and mailing address Jin Ho Park 55 Stillbreeze Lane Watsonville CA 95076 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.519</div> Nonpriority creditor's name and mailing address Jinghua Shen 19503 Steven Creek Blvd., #315 Cupertino CA 95014 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.520</div> Nonpriority creditor's name and mailing address Jiyoan An 3977 Rhoda Dr., #1 San Jose CA 95117 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.521</div> Nonpriority creditor's name and mailing address <u>Jiyoung Kim</u> <u>1764 Via Flores</u> <u>San Jose</u> <u>CA</u> <u>95132</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.522</div> Nonpriority creditor's name and mailing address <u>Joanna Cheng, et al.</u> <u>c/o Mark L. Javitch</u> <u>Javitch Law Office</u> <u>480 S. Ellsworth Ave.</u> <u>San Mateo</u> <u>CA</u> <u>94401</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>TCPA Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.523</div> Nonpriority creditor's name and mailing address <u>Joaquin Gomez</u> <u>6935 Leader St.</u> <u>Houston</u> <u>TX</u> <u>77074</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.524</div> Nonpriority creditor's name and mailing address <u>Joe Flores</u> <u>2652 Rogue Way</u> <u>Roseville</u> <u>CA</u> <u>95747</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.525</div> Nonpriority creditor's name and mailing address Joel Porro 3045 W Flagler St., Apt. 5 Miami FL 33135 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.526</div> Nonpriority creditor's name and mailing address Joel Vega 200 Ave. Rafael Corderote Suite 140 - PMB 28 Caguas, PR 725 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.527</div> Nonpriority creditor's name and mailing address Joey Yusay 2446 Ozark Dr. Tracy CA 95304 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.528</div> Nonpriority creditor's name and mailing address John A. Locher PO Box 700095 Tulsa OK 74170 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.533</div> Nonpriority creditor's name and mailing address John Holladay 7239 Big Bend Dr. Spring Hill FL 34606 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.534</div> Nonpriority creditor's name and mailing address John King 350 Fairway Dr., #110 Deerfield Beach FL 33441 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.535</div> Nonpriority creditor's name and mailing address John M. Bell 112 Vulco Dr. Hendersonville TN 37075 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.536</div> Nonpriority creditor's name and mailing address John Olivarez 1528 Lark Tree Way Hacienda Heights CA 91745 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.537</div> Nonpriority creditor's name and mailing address John Park 22221 Bloomfield Ave., #24 Cypress CA 90630 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.538</div> Nonpriority creditor's name and mailing address John Rassman 3980 W Broward Blvd. Fort Lauderdale FL 33312 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.539</div> Nonpriority creditor's name and mailing address John Retureta 6230 Mayo St. Hollywood FL 33023 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.540</div> Nonpriority creditor's name and mailing address John Sloan 12827 Southwest Frwy., Apt 106 Stafford TX 77477 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.541</div> Nonpriority creditor's name and mailing address <u>John Timothy Lewis</u> <u>11411 Bent Way St.</u> <u>Cypress TX 77429</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.542</div> Nonpriority creditor's name and mailing address <u>John Warwick</u> <u>205 W Granger Ave.</u> <u>Modesto CA 95350</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.543</div> Nonpriority creditor's name and mailing address <u>Johnathan Alff</u> <u>210 Rev. Bill Perkins Rd.</u> <u>Williamsburg KY 40769</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.544</div> Nonpriority creditor's name and mailing address <u>Jonathan Surney</u> <u>8083 Mariners Dr., Apt. #1502</u> <u>Stockton CA 95219</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.545</div> Nonpriority creditor's name and mailing address <u>Jonathan Yustman</u> <u>4344 Ridgerider Ct.</u> <u>Riverside</u> <u>CA</u> <u>92509</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.546</div> Nonpriority creditor's name and mailing address <u>Jong Pil Kim</u> <u>888 Saratoga Avenue #201</u> <u>San Jose</u> <u>CA</u> <u>95129</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.547</div> Nonpriority creditor's name and mailing address <u>Joo Han Kang</u> <u>9900 Memorial Dr., # C50</u> <u>Houston</u> <u>TX</u> <u>77024</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.548</div> Nonpriority creditor's name and mailing address <u>Joo Y. Kim</u> <u>8637 Niles Center Rd., Apt. G</u> <u>Skokie</u> <u>IL</u> <u>60077</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.549</div> Nonpriority creditor's name and mailing address Joon Ann Medical Clinic 2911 W 8th St. Los Angeles CA 90005 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.550</div> Nonpriority creditor's name and mailing address Joong Ang Medical Clinic 2911 W 8th St. Los Angeles CA 90005 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.551</div> Nonpriority creditor's name and mailing address Jorge Guerrero 1708 W Vine St Lodi CA 95242 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.552</div> Nonpriority creditor's name and mailing address Jorge Pena 1960 SW 81st Ter. North Lauderdale FL 33068 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.553</div> Nonpriority creditor's name and mailing address Jorge Sotomayor 5174 1/4 Wood Ave. South Gate CA 90280 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.554</div> Nonpriority creditor's name and mailing address Jose Antonio Rodriguez 5506 Bergenline Ave., FL 2 West New York NJ 07093 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.555</div> Nonpriority creditor's name and mailing address Jose Guerra 6714 La Sombra Dr. Houston TX 77083 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.556</div> Nonpriority creditor's name and mailing address Jose Luis Garcia 2352 Villanova Circle, Apt. 1 Sacramento CA 95825 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.557</div> Nonpriority creditor's name and mailing address <u>Jose Luis Hernandez</u> <u>1869 MacDuee Way</u> <u>San Jose</u> <u>CA</u> <u>95121</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.558</div> Nonpriority creditor's name and mailing address <u>Jose Luquin</u> <u>1320 Redteal Dr.</u> <u>Newman</u> <u>CA</u> <u>95360</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.559</div> Nonpriority creditor's name and mailing address <u>Jose Pascasio</u> <u>6791 Blue Heron Place</u> <u>La Verne</u> <u>CA</u> <u>91750</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.560</div> Nonpriority creditor's name and mailing address <u>Jose Penate</u> <u>6100 Nowere Ave.</u> <u>Los Angeles</u> <u>CA</u> <u>90110</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.561</div> Nonpriority creditor's name and mailing address Jose Rivas 2710 Lou Ann Lane Harlingen TX 78550 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.562</div> Nonpriority creditor's name and mailing address Jose Rivera 1191 Alameda De Las Pulgas #23 Belmont CA 94002 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.563</div> Nonpriority creditor's name and mailing address Jose Robledo 623 León Ave Modesto CA 95351 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.564</div> Nonpriority creditor's name and mailing address Josefina Melendez 7 Werner Court Novato CA 94947 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Amount of claim

3.568	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Joseph Chun	<input type="checkbox"/> Contingent	
	21039 Devonshire St.	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	Chatsworth CA 91311	Face to Face Agent	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.569</div> Nonpriority creditor's name and mailing address <u>Joseph Kang</u> <u>2460 Flintridge Dr.</u> <u>Glendale</u> <u>CA</u> <u>91206</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.570</div> Nonpriority creditor's name and mailing address <u>Joseph Lata</u> <u>8043 W McNab Rd.</u> <u>Tamarac</u> <u>FL</u> <u>33321</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.571</div> Nonpriority creditor's name and mailing address <u>Joseph Sholomith</u> <u>13200 Spring Hill Dr.</u> <u>Spring Hill</u> <u>FL</u> <u>34609</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.572</div> Nonpriority creditor's name and mailing address <u>Josie Mendoza</u> <u>18952 Long Branch St.</u> <u>Lincoln</u> <u>NE</u> <u>68502</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.573</div> Nonpriority creditor's name and mailing address Jovena Nicasio 17536 Saticoy St. Van Nuys CA 91406 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.574</div> Nonpriority creditor's name and mailing address Joy Young, LLC 2917 Monroe Place Falls Church VA 22042 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.575</div> Nonpriority creditor's name and mailing address JR Solutions Rita MeDrano 1500 Noble Ave., #2A Bronz NY 10460 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.576</div> Nonpriority creditor's name and mailing address Juan Antonio Martinez 6625 Avenida C Houston TX 77011 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.577</div> Nonpriority creditor's name and mailing address <u>Juan Cruz Aceves</u> <u>1806 Cherry St</u> <u>Aberdeen</u> <u>WA</u> <u>98520</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.578</div> Nonpriority creditor's name and mailing address <u>Juan Curiman</u> <u>12410 Piping Rock Dr.</u> <u>Houston</u> <u>TX</u> <u>77077</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.579</div> Nonpriority creditor's name and mailing address <u>Juan Mora Aguilar</u> <u>285 W 4th St.</u> <u>Stockton</u> <u>CA</u> <u>95206</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.580</div> Nonpriority creditor's name and mailing address <u>Juan Ruiz de Velasco</u> <u>737 Bluebonnet Dr.</u> <u>Grand Prairie</u> <u>TX</u> <u>75052</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.581</div> Nonpriority creditor's name and mailing address Julianna Mo 1521 20th Avenue San Francisco CA 94122 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.582</div> Nonpriority creditor's name and mailing address Julie Park 3810 Wilshire Blvd Unit # 304 Los Angeles CA 90010 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.583</div> Nonpriority creditor's name and mailing address Julietelia Butac 4045 E Camino Parocela Palm Springs CA 92264 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.584</div> Nonpriority creditor's name and mailing address Julio Nosta 54 Monrovia Blvd. Tuckahoe NY 10707 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.585</div> Nonpriority creditor's name and mailing address <u>June Park</u> <u>908 S Ardmore Ave., Unit #404</u> <u>Los Angeles</u> <u>CA</u> <u>90006</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.586</div> Nonpriority creditor's name and mailing address <u>Jung Nam Choi</u> <u>6365 Benecia Avenue</u> <u>Newark</u> <u>CA</u> <u>94560</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.587</div> Nonpriority creditor's name and mailing address <u>Jung Hee Chung</u> <u>480 Canyon Oaks Dr. F</u> <u>Oakland</u> <u>CA</u> <u>94605</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.588</div> Nonpriority creditor's name and mailing address <u>Jung Huh</u> <u>856 Foothill Ct.</u> <u>San Jose</u> <u>CA</u> <u>95123</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.589</div> Nonpriority creditor's name and mailing address <u>Jung Min Lee</u> <u>57 Freeman Lane</u> <u>Buena Park</u> <u>CA</u> <u>90621</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.590</div> Nonpriority creditor's name and mailing address <u>Jung Oh</u> <u>1609 Great Falls St Unit # 108</u> <u>Mclean</u> <u>VA</u> <u>22101</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.591</div> Nonpriority creditor's name and mailing address <u>Jung Sook Suk</u> <u>1792 Park Avenue</u> <u>San Bruno</u> <u>CA</u> <u>94066</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.592</div> Nonpriority creditor's name and mailing address <u>Justin Chung</u> <u>7504 Rio Grande Way</u> <u>Gainesville</u> <u>VA</u> <u>20155</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.593</div> Nonpriority creditor's name and mailing address Justin O'Neill 11555 Heron Bay Blvd., Suite 200 Coral Springs FL 33076 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.594</div> Nonpriority creditor's name and mailing address Justin Parrish 842 Garden Rd. Marrero LA 70072 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.595</div> Nonpriority creditor's name and mailing address K&A Tax And Multiservices 211 W Sealy St., Suite #3 Alvin TX 77511 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.596</div> Nonpriority creditor's name and mailing address Kalihi-Palama Health Center 915 N King St. Honolulu HI 96717 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.597</div> Nonpriority creditor's name and mailing address Karan Park 3310 Moraga Blvd. Lafayette CA 94549 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.598</div> Nonpriority creditor's name and mailing address Kareem Mclean 20533 Biscayne Blvd., #603 Aventura FL 33180 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.599</div> Nonpriority creditor's name and mailing address Karen Atrisco 15198 Polk Dr. Clearlake CA 95422 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.600</div> Nonpriority creditor's name and mailing address Karen Fischer 324 Fearl Dr. Waterford CA 95386 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.601</div> Nonpriority creditor's name and mailing address Karen Kolb 1100 N Beeline Hwy., Suite E Payson AZ 85541 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.602</div> Nonpriority creditor's name and mailing address Karina Perez PO Box 202 South San Francisco CA 94083 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.603</div> Nonpriority creditor's name and mailing address Karla Perez 7448 Winkley Way Sacramento CA 95822 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.604</div> Nonpriority creditor's name and mailing address Kathy Chatmon PO Box 1436 Houston TX 77251 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.605</div> Nonpriority creditor's name and mailing address Kathy Kim 2831 FLores Street #104 San Mateo CA 94403 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.606</div> Nonpriority creditor's name and mailing address Keewon Kim 4701 Americana Dr., Apt. #201 Annandale VA 22003 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.607</div> Nonpriority creditor's name and mailing address Keith Larson 915 N King St. Honolulu HI 96817 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.608</div> Nonpriority creditor's name and mailing address Keith Pilson 20 Eagle Lane Martinsville VA 24112 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.609</div> Nonpriority creditor's name and mailing address Kenji Chikaraishi 564 N Virgil Ave., Apt. 3 Los Angeles CA 90004 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.610</div> Nonpriority creditor's name and mailing address Kenneth Chang 4026 W Olympic Blvd. Los Angeles CA 90019 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.611</div> Nonpriority creditor's name and mailing address Kenneth Duck 114 Grandiflora Drive McDonough GA 30253 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.612</div> Nonpriority creditor's name and mailing address Keumrye Lim 272 Mount Hermon Rd., #C Scotts Valley CA 95066 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.613</div> Nonpriority creditor's name and mailing address Kevan Kwan 980 E Ranchcreek Rd. Covina CA 91724 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.614</div> Nonpriority creditor's name and mailing address Kevin Sant 6530 NW 39th St. Sunrise FL 33313 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.615</div> Nonpriority creditor's name and mailing address Kilwon Seo 2960 W 235th St #14 Torrance CA 90505 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.616</div> Nonpriority creditor's name and mailing address Kimberly Stewart 1051 Fallen Leaf Rd. Arcadia CA 91006 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.617</div> Nonpriority creditor's name and mailing address KLC Solutions Inc 7800 Commonwealth Ave., #205 Buena Park CA 90621 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.618</div> Nonpriority creditor's name and mailing address Ko Myoung Heo 5021 Tibbitt Lane Burke VA 22015 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.619</div> Nonpriority creditor's name and mailing address Ko Soon Park 4171 Terrace Oaks Lane Suwanee GA 30024 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.620</div> Nonpriority creditor's name and mailing address Korea & America Oriental 2120 W 8th St., Suite 260 Los Angeles CA 90057 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Amount of claim

3.624	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	Kum Hwi Pak	<input type="checkbox"/> Contingent	
	5519 Muir Dr.	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	Buena Park CA 90621	Face to Face Agent	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.625</div> Nonpriority creditor's name and mailing address Kun Sang Lee 115 Hollybrooke Dr. Langhorne PA 19047 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.626</div> Nonpriority creditor's name and mailing address Kwang Jin Kim 3300 W Rosecrans Ave., Suite 105 Hawthorne CA 90250 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.627</div> Nonpriority creditor's name and mailing address Kwang Oh 5220 Crestfield Dr. San Ramon CA 94582 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.628</div> Nonpriority creditor's name and mailing address Kwang Sung 4554 King William Ct Annandale VA 22003 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.629</div> Nonpriority creditor's name and mailing address Kyeong Im Hwang 325 Tanners Crossing Alpharetta GA 30022 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.630</div> Nonpriority creditor's name and mailing address Kyeong Rye Lolzou 41935 Stoneyford Terrace Aldie VA 20105 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.631</div> Nonpriority creditor's name and mailing address Kyle Minors 1 E Broward Blvd. Fort Lauderdale FL 33301 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.632</div> Nonpriority creditor's name and mailing address Kyoko Watanabe 455 E. 3rd Street # 706 Los Angeles CA 90013 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.633</div> Nonpriority creditor's name and mailing address Kyong Fillop 4055 Indian Creek Rd. Martinez GA 30907 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.634</div> Nonpriority creditor's name and mailing address Kyong Ja Kim 2851 E Cog Hill Terrace Dublin CA 94568 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.635</div> Nonpriority creditor's name and mailing address Kyoung Lee 1104 Tapaz Avenue #3 San Jose CA 95117 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.636</div> Nonpriority creditor's name and mailing address Kyoung Woo 860 South Kingsley Drive #106 Los Angeles CA 90005 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.637</div> Nonpriority creditor's name and mailing address <u>Kyung Ok Han</u> <u>4701 Americana Dr., Apt. #201</u> <u>Annandale</u> <u>VA</u> <u>22003</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.638</div> Nonpriority creditor's name and mailing address <u>Kyung Soon Jung</u> <u>5954 Attentee Road</u> <u>Springfield</u> <u>VA</u> <u>22150</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.639</div> Nonpriority creditor's name and mailing address <u>Kyung Suk Lee</u> <u>14335 Castellon Rd.</u> <u>La Mirada</u> <u>CA</u> <u>90638</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.640</div> Nonpriority creditor's name and mailing address <u>Lakha Medical</u> <u>7128 Pacific Blvd., Suite C</u> <u>Huntington Park</u> <u>CA</u> <u>90255</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.641</div> Nonpriority creditor's name and mailing address <u>Lance T. McClure</u> <u>2517 Jameson St.</u> <u>Temple Hills</u> <u>MD</u> <u>20748</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.642</div> Nonpriority creditor's name and mailing address <u>Larry Boykin</u> <u>6312 White Jade Dr.</u> <u>Fort Worth</u> <u>TX</u> <u>76179</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.643</div> Nonpriority creditor's name and mailing address <u>Larry Dearman</u> <u>8340 NW 7th Ct.</u> <u>Boca Raton</u> <u>FL</u> <u>33487</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.644</div> Nonpriority creditor's name and mailing address <u>Latin Alliance</u> <u>15534 W Hardy Rd., Suite 190</u> <u>Houston</u> <u>TX</u> <u>77060</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.645</div> Nonpriority creditor's name and mailing address <u>Latinos Integrados</u> <u>8303 S W Frwy., Suite 725</u> <u>Houston TX 77074</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.646</div> Nonpriority creditor's name and mailing address <u>Laura Gonzalez Corona</u> <u>1885 Ocala Ave.</u> <u>San José CA 95122</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.647</div> Nonpriority creditor's name and mailing address <u>Laura Mora Zuñiga</u> <u>2307 New Jersey Ave., Apt. B</u> <u>San Jose CA 95124</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.648</div> Nonpriority creditor's name and mailing address <u>Laura Yanez</u> <u>623 León Ave</u> <u>Modesto CA 95351</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.649</div> Nonpriority creditor's name and mailing address <u>Laurie Cheatham</u> <u>1736 Andrews Circle</u> <u>Suisun City</u> <u>CA</u> <u>94585</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.650</div> Nonpriority creditor's name and mailing address <u>Lawrence Bradshaw</u> <u>Lawrence J. Bradshaw</u> <u>1107 Fair Oaks Ave. #189</u> <u>South Pasadena</u> <u>CA</u> <u>91030</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.651</div> Nonpriority creditor's name and mailing address <u>Lawrence Smith</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord</u> <u>CA</u> <u>94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.652</div> Nonpriority creditor's name and mailing address <u>Leanne Maupin</u> <u>94-1221 Ka Uks Blvd. #108</u> <u>Waipahu</u> <u>HI</u> <u>96797</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.653</div> Nonpriority creditor's name and mailing address Lee Keun Kim 980 San Lacinto Lane Lawrenceville GA 30043 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.654</div> Nonpriority creditor's name and mailing address Lena J. Polk 10122 Comanche Lane Houston TX 77041 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.655</div> Nonpriority creditor's name and mailing address Leobardo Cornejo 795 Fourth Ave., #202 Redwood City CA 94063 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.656</div> Nonpriority creditor's name and mailing address Leola Anifowoshe 7426 Guinevere Dr. Sugar Land TX 77479 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.657</div> Nonpriority creditor's name and mailing address Leon Groode 21301 Bermuda St. Chatsworth CA 91311 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.658</div> Nonpriority creditor's name and mailing address Leon Martin 4411 NW 74th Ave. Lauderhill FL 33319 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.659</div> Nonpriority creditor's name and mailing address Leone Inc. 3555 Sweetwater Rd., Apt. #410 Duluth GA 30096 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.660</div> Nonpriority creditor's name and mailing address Leonor Benítez 4803 Deep Glen Lane Katy TX 77449 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.661</div> Nonpriority creditor's name and mailing address <u>Liberty Health Solutions</u> <u>Daniel Selnick</u> <u>500 NE Spanish River Bld., Suite 26</u> <u>Boca Raton</u> <u>FL</u> <u>33431</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.662</div> Nonpriority creditor's name and mailing address <u>Lidia Aldana</u> <u>2730 Firestone Boulevard</u> <u>South Gate</u> <u>CA</u> <u>90280</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.663</div> Nonpriority creditor's name and mailing address <u>Lidiya Fedotova</u> <u>6391 Alderton St.</u> <u>Rego Park</u> <u>NY</u> <u>11374</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.664</div> Nonpriority creditor's name and mailing address <u>Lien Nguyen</u> <u>15310 Downford Dr.</u> <u>Tomball</u> <u>TX</u> <u>77377</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.665</div> Nonpriority creditor's name and mailing address <u>Liliana Garcia-Ortiz</u> <u>1600 Heskett Way, Apt. 40</u> <u>Sacramento</u> <u>CA</u> <u>95825</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.666</div> Nonpriority creditor's name and mailing address <u>Lim & Lim Marketing</u> <u>22119 Fair Garden Lane</u> <u>Clarksburg</u> <u>MD</u> <u>20871</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.667</div> Nonpriority creditor's name and mailing address <u>Lincoln Chiropractic Center</u> <u>6971 Lincoln Ave., #E</u> <u>Buena Park</u> <u>CA</u> <u>90620</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.668</div> Nonpriority creditor's name and mailing address <u>Lionel Ramirez</u> <u>PO Box 4677</u> <u>Carolina, PR 984</u> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.669</div> Nonpriority creditor's name and mailing address <u>Lisa Koo</u> <u>3033 Moorpark Ave., #25</u> <u>San Jose</u> <u>CA</u> <u>95128</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.670</div> Nonpriority creditor's name and mailing address <u>Lisandro Arredondo Garcia</u> <u>508 Meta Ct</u> <u>Modesto</u> <u>CA</u> <u>95354</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.671</div> Nonpriority creditor's name and mailing address <u>Lizette Torres</u> <u>Urb Villa Blanca Calle Granate #20</u> <u>Caguas, PR 725</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.672</div> Nonpriority creditor's name and mailing address <u>LLC The Morrow Group</u> <u>14027 Memorial Dr., Suite 226</u> <u>Houston</u> <u>TX</u> <u>77079</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.673</div> Nonpriority creditor's name and mailing address Lloyd Alfred Pragasam 2048 Orange Tree Lane Redlands CA 92374 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.674</div> Nonpriority creditor's name and mailing address Logically 2313 W Sam Houston Pkwy N Houston TX 77043 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.675</div> Nonpriority creditor's name and mailing address Loise M. Herzog 2221 Bliss Circle Oceanside CA 92056 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.676</div> Nonpriority creditor's name and mailing address Lolita Gagao PO Box 8084 Tamuning GU 96931 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.677</div> Nonpriority creditor's name and mailing address <u>Longina Montanez</u> <u>13351 N Extension Ct.</u> <u>Lodi</u> <u>CA</u> <u>95242</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.678</div> Nonpriority creditor's name and mailing address <u>Lorena Mora</u> <u>10624 Burin Ave.</u> <u>Lennox</u> <u>CA</u> <u>90304</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.679</div> Nonpriority creditor's name and mailing address <u>Lou Parnell</u> <u>2750 Wallingford Dr., Apt. 1415</u> <u>Houston</u> <u>TX</u> <u>77042</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.680</div> Nonpriority creditor's name and mailing address <u>Lourdes Cardona Tovar</u> <u>1248 Tiegen Dr.</u> <u>Hayward</u> <u>CA</u> <u>94542</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.681</div> Nonpriority creditor's name and mailing address Lourdes Dulos 3829 Foster Ave. Baldwin Park CA 91706 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.682</div> Nonpriority creditor's name and mailing address Lourdes Rubalcava PO Box 970993 Orem UT 84097 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.683</div> Nonpriority creditor's name and mailing address Lucina Rodriguez 12408 Goldmine Ave Waterford CA 95386 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.684</div> Nonpriority creditor's name and mailing address Lucio Mendes 3690 Woodyhill Dr. Lithonia GA 30038 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.685</div> Nonpriority creditor's name and mailing address Luis Marquez 1901 4th Ave., Suite 100 San Diego CA 92101 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.686</div> Nonpriority creditor's name and mailing address Luis Marquez 255 N USA St., Suite 101 Eslondido CA 92025 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.687</div> Nonpriority creditor's name and mailing address Luis Miguel Garcia 2352 Villanova Circle, #1 Sacramento CA 95825 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.688</div> Nonpriority creditor's name and mailing address Lus Vera 1435 Nadine Ave. Modesto CA 95351 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.689</div> Nonpriority creditor's name and mailing address <u>Luz Ekny Luna</u> <u>9919 Mango Lane</u> <u>Elk Grove</u> <u>CA</u> <u>95624</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.690</div> Nonpriority creditor's name and mailing address <u>Luz Gonzalez</u> <u>525 Huntington Ave., Apt. 3</u> <u>San Bruno</u> <u>CA</u> <u>94066</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.691</div> Nonpriority creditor's name and mailing address <u>Luz M. Villanueva</u> <u>30 Calle Trubia Blk 29</u> <u>Carolina, PR 983</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.692</div> Nonpriority creditor's name and mailing address <u>Lydia Choi</u> <u>4743 Marconi Avenue #28</u> <u>Carmichael</u> <u>CA</u> <u>95608</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.693</div> Nonpriority creditor's name and mailing address <u>Lydia Gomez</u> <u>323 Front St., #118</u> <u>Salinas</u> <u>CA</u> <u>93901</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.694</div> Nonpriority creditor's name and mailing address <u>Lynn Koh</u> <u>2115 A Gertz Lane</u> <u>Honolulu</u> <u>HI</u> <u>96819</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.695</div> Nonpriority creditor's name and mailing address <u>Ma De Lourdes Ricardo</u> <u>27043 Tyrell Avenue #4</u> <u>Hayward</u> <u>CA</u> <u>94544</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.696</div> Nonpriority creditor's name and mailing address <u>Ma Del Rosio Vargas Torres</u> <u>2026 Webster St., Apt. #1</u> <u>Las Vegas</u> <u>NV</u> <u>89030</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.697</div> Nonpriority creditor's name and mailing address <u>Ma. Chrsitina Malagon</u> <u>1518 Clinton Street</u> <u>Delano</u> <u>CA</u> <u>93215</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.698</div> Nonpriority creditor's name and mailing address <u>Magdalena Arzola</u> <u>2230 Channel Dr</u> <u>Ventura</u> <u>CA</u> <u>93001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.699</div> Nonpriority creditor's name and mailing address <u>Maggie Degregorio</u> <u>PO Box 394</u> <u>Fontana</u> <u>CA</u> <u>92334</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.700</div> Nonpriority creditor's name and mailing address <u>Mainstay India Teleservices Pvt Ltd</u> <u>10333 Harwin Dr., Suite 225</u> <u>Houston</u> <u>TX</u> <u>77036</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.701</div> Nonpriority creditor's name and mailing address Mainstay Services Ltd 10333 Harwin Dr., Suite 225 Houston TX 77036 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.702</div> Nonpriority creditor's name and mailing address Major Key Marketing Samuel Woods 6278 N Federal Hwy Fort Lauderdale FL 33308 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.703</div> Nonpriority creditor's name and mailing address Malvin Anderson 740 E Avenue J9 Lancaster CA 93535 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.704</div> Nonpriority creditor's name and mailing address Manuel Hernandez Contreras 4020 44 St. Sacramento CA 95820 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.705</div> Nonpriority creditor's name and mailing address Manuel Turrieta 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.706</div> Nonpriority creditor's name and mailing address Marcia Lopez 30 W Harden Road Apt 1 Hayward CA 94544 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.707</div> Nonpriority creditor's name and mailing address Margarita Cerna 1102 Pipit Dr Patterson CA 95363 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.708</div> Nonpriority creditor's name and mailing address Margarita Morales 4901 Little Oak Ln #212 Sacramento CA 95841 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.709</div> Nonpriority creditor's name and mailing address <u>Maria Antonia Otero F De Garcia</u> <u>1974 Lavonne Ave.</u> <u>San Jose</u> <u>CA</u> <u>95116</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.710</div> Nonpriority creditor's name and mailing address <u>Maria Araujo Aguinaga</u> <u>115 W 7th St., Apt. #A</u> <u>Santa Rosa</u> <u>CA</u> <u>95401</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.711</div> Nonpriority creditor's name and mailing address <u>Maria Arevalo</u> <u>1876 Crestwood Cir.</u> <u>Stockton</u> <u>CA</u> <u>95210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.712</div> Nonpriority creditor's name and mailing address <u>Maria Arriaga</u> <u>310 Park Ave # 310</u> <u>Manteca</u> <u>CA</u> <u>95337</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.713</div> Nonpriority creditor's name and mailing address Maria Castellanos 6315 Jansen Dr. Sacramento CA 95824 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.714</div> Nonpriority creditor's name and mailing address Maria Cortes 1568 Cottonwood Dr Salinas CA 93905 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.715</div> Nonpriority creditor's name and mailing address Maria Covarrubias 2257 62nd Avenue Sacramento CA 95822 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.716</div> Nonpriority creditor's name and mailing address Maria De La Luz BaÑuelos 1010 Ash Ave. Los Banos CA 93635 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.717</div> Nonpriority creditor's name and mailing address Maria Del Rosario Duarte Cerda 3775 Main St., Suite A Oakley CA 94561 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.718</div> Nonpriority creditor's name and mailing address Maria Del Socorro Aguilar 741 East Washington Blvd. Crescent City CA 95531 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.719</div> Nonpriority creditor's name and mailing address Maria Del Socorro Gonzalez Romero 3617 Anthea Street Sacramento CA 95834 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.720</div> Nonpriority creditor's name and mailing address Maria Elisa Chable Gomez 73 Carol Lane, #104 Oakley CA 94561 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.721</div> Nonpriority creditor's name and mailing address Maria Fernandez 6241 S George Washington Blvd. Yuba City CA 95993 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.722</div> Nonpriority creditor's name and mailing address Maria Gonzalez 187 Fiesta Dr. Kissimmee FL 34743 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.723</div> Nonpriority creditor's name and mailing address Maria Gonzalez De Garcia 1528 Hobson Ave. West Sacramento CA 95605 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.724</div> Nonpriority creditor's name and mailing address Maria Inzunza 37767 Arlene Ct. Fremont CA 94536 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.725</div> Nonpriority creditor's name and mailing address Maria Isabel Ponce 3473 Mount Madonna Dr. San Jose CA 95127 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.726</div> Nonpriority creditor's name and mailing address Maria Loza 1719 Spruce Dr. Woodland CA 95695 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.727</div> Nonpriority creditor's name and mailing address Maria Maldonado 4830 Concord Rd. Sacramento CA 95820 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.728</div> Nonpriority creditor's name and mailing address Maria Maldonado Camarena 15820 S Harland Rd. Space #102 Lathrop CA 95330 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.729</div> Nonpriority creditor's name and mailing address Maria Ortiz 3225 N St. SE #103 Auburn WA 98002 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.730</div> Nonpriority creditor's name and mailing address Maria Ramirez 376 W 24th St San Bernardino CA 92405 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.731</div> Nonpriority creditor's name and mailing address Maria Ritter 775 East Union St. Pasadena CA 91101 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.732</div> Nonpriority creditor's name and mailing address Maria Rivas 3952 Patterson Rd., Apt. #35 Riverbank CA 95367 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.733</div> Nonpriority creditor's name and mailing address Maria Rivera 2094 Surrey Place, #3 Campbell CA 95008 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.734</div> Nonpriority creditor's name and mailing address Maria Rodriguez Estrada 3843 Madeline Dr., Apt. # 4 San Jose CA 95127 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.735</div> Nonpriority creditor's name and mailing address Maria Sibrian 825 4th Ave San Bruno CA 94066 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.736</div> Nonpriority creditor's name and mailing address Maria Susana Jaime De Saran 652 23rd St Richmond CA 94804 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.737</div> Nonpriority creditor's name and mailing address Maria Tamayo 2203 Aldine Mail Route 30 Houston TX 77039 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.738</div> Nonpriority creditor's name and mailing address Maria Tapia 3534 Circle Ct. E Fresno CA 93703 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.739</div> Nonpriority creditor's name and mailing address Maria Valdivia 572 A Rodriguez St. Watsonville CA 95076 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.740</div> Nonpriority creditor's name and mailing address Maria Vega 167 Gardenia Drive Atwater CA 95301 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.741</div> Nonpriority creditor's name and mailing address Mariana Garcia 9690 Alta Mesa Rd. Wilton CA 95693 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.742</div> Nonpriority creditor's name and mailing address Maribel Salgado 1120 Gum Ave., Apt. A Woodland CA 95695 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.743</div> Nonpriority creditor's name and mailing address Maribel Smith 1301 W Jackson Ct. Broken Arrow OK 74012 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.744</div> Nonpriority creditor's name and mailing address Marie (Seija) Anderson 6333 Pacific Ave., Suite 179 Stockton CA 95207 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.745</div> Nonpriority creditor's name and mailing address Marie Asprec 36041 Corte Lisboa Murrieta CA 92562 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.746</div> Nonpriority creditor's name and mailing address Mariela Rodriguez 1133 Sandy Hood Ave. La Puente CA 91744 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.747</div> Nonpriority creditor's name and mailing address Mario Aleman 1111 W Covina Blvd., Suite 240 San Dimas CA 91773 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.748</div> Nonpriority creditor's name and mailing address Mario Lagoc 98 1941 L Kaahumanu St. Aiea HI 96701 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.749</div> Nonpriority creditor's name and mailing address Marisol Gonzalez 1228 S St. Newman CA 95360 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.750</div> Nonpriority creditor's name and mailing address Mark LaFavre 4341 Southern Ave. Dallas TX 75205 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.751</div> Nonpriority creditor's name and mailing address Mark Meyer 895 Mariners Ct. Coppell TX 75019 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.752</div> Nonpriority creditor's name and mailing address Mark Nunn 2825 Cresent Lake Dr. Little Elm TX 75068 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.753</div> Nonpriority creditor's name and mailing address MarketCentric Inc. Brandon Diggs 2930 Barnard St. San Diego CA 92110 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.754</div> Nonpriority creditor's name and mailing address Marketing Inc Stephens - Matthews PO Box 1208 Beverly OH 45715 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.755</div> Nonpriority creditor's name and mailing address Marleny Martinez 1897 Alum Rock Avenue #25 San Jose CA 95116 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.756</div> Nonpriority creditor's name and mailing address Marlon C Parato DMD DMD LLC 1441 Kapiolani Blvd. Honolulu HI 96814 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.757</div> Nonpriority creditor's name and mailing address Marlon Parato 94-826 Moloalo St. Waipahu HI 96797 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.758</div> Nonpriority creditor's name and mailing address Marta Davila 623 Leon Ave. Modesto CA 95351 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.759</div> Nonpriority creditor's name and mailing address Martha Cabrera 480 Avenue of the Flag #10 Buellton CA 93427 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.760</div> Nonpriority creditor's name and mailing address Martha Flores 14107 Force St. Houston TX 77015 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.761</div> Nonpriority creditor's name and mailing address Martha Hara Quichocho 11387 Alberni Ct. San Diego CA 92126 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.762</div> Nonpriority creditor's name and mailing address Martha Mendoza 540 Bonita Ave., ESP #208 San Jose CA 95116 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.763</div> Nonpriority creditor's name and mailing address Martha Patricia Pantoja 5100 Kirk Ln Apt #6 Sanpablo CA 94805 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.764</div> Nonpriority creditor's name and mailing address Martin Carter 15051 Royal Oaks Lane Miami FL 33181 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.765</div> Nonpriority creditor's name and mailing address Martin Lutta 3075 Walnut Bend Lane, #34 Houston TX 77042 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.766</div> Nonpriority creditor's name and mailing address Martin Mendoza 1775 S Stockton St. Stockton CA 95206 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.767</div> Nonpriority creditor's name and mailing address Martineza Freeman 1077 Euclid Ave., Apt. 4 Long Beach CA 90804 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.768</div> Nonpriority creditor's name and mailing address Marty Miller 313 N Ranch House Rd. Angleton TX 77515 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.769</div> Nonpriority creditor's name and mailing address Marvin Meynard 5309 Lyle Ave. Stockton CA 95210 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.770</div> Nonpriority creditor's name and mailing address Mary Ann Rabang 337 Wainohia St. Kihei HI 96753 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.771</div> Nonpriority creditor's name and mailing address Mary Bird 12615 Dermott Dr. Houston TX 77065 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.772</div> Nonpriority creditor's name and mailing address Mary Lapenia 94-1221 Ka Uka Blvd., Apt. #108-157 Waipahu HI 96797 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.773</div> Nonpriority creditor's name and mailing address Mary Park 12750 Centralia Street #137 Lakewood CA 90715 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.774</div> Nonpriority creditor's name and mailing address Mary Seo 2709 Marina Park Lane Elk Grove CA 95758 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.775</div> Nonpriority creditor's name and mailing address Mary Stanley 257 Highway 134 Rayville LA 71269 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.776</div> Nonpriority creditor's name and mailing address María Avalos 2744 Bridgeford Dr. Sacramento CA 95833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.777</div> Nonpriority creditor's name and mailing address Master Agency of California 22119 Fair Garden Lane Clarksburg MD 20871 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.778</div> Nonpriority creditor's name and mailing address Matthew Panzer 1451 W Cypress Creek, Suite 300 Fort Lauderdale FL 33309 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.779</div> Nonpriority creditor's name and mailing address Matthew Wharton 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.780</div> Nonpriority creditor's name and mailing address Maxim Deravine 9054 SW 1st St. Boca Raton FL 33428 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.781</div> Nonpriority creditor's name and mailing address Mayra Fuel 1615 Cormorant Way, Apt. #8 Scaramento CA 95815 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.782</div> Nonpriority creditor's name and mailing address McCanse Chiropractic PO Box 275 Decatur MI 49045 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.783</div> Nonpriority creditor's name and mailing address Medical Health Associates 248 -18 Union Turnpike Bellerose NY 11426 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.784</div> Nonpriority creditor's name and mailing address Medtree Acupuncture Clinic 712 Newmark Mall Montebello CA 90640 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.785</div> Nonpriority creditor's name and mailing address Melanie Penrod 1549 N Prairie Creek Rd. Andover KS 67002 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.786</div> Nonpriority creditor's name and mailing address Melinda Vaca 1606 Walnut Lane Midland TX 79701 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.787</div> Nonpriority creditor's name and mailing address Merwynn Montenegro 5905 N. Acacia Ct San Bernardino CA 92407 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.788</div> Nonpriority creditor's name and mailing address MGR - SM Test 11111 Richmond Ave. St. 200 Richmond TX 77082 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.789</div> Nonpriority creditor's name and mailing address <u>Mi Lan Do</u> <u>28 Festival</u> <u>Irvine</u> <u>CA</u> <u>92606</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.790</div> Nonpriority creditor's name and mailing address <u>Mi Na Hong</u> <u>1170 Donington Drive</u> <u>San Jose</u> <u>CA</u> <u>95129</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.791</div> Nonpriority creditor's name and mailing address <u>Mi Ran Bae</u> <u>25305 Ironwood Court</u> <u>Hayward</u> <u>CA</u> <u>94545</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.792</div> Nonpriority creditor's name and mailing address <u>Mi Ran Yu</u> <u>1850 Twining Dr.</u> <u>Anchorage</u> <u>AK</u> <u>99504</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.793</div> Nonpriority creditor's name and mailing address Mi Ri Kim 302 Colorado Ave. Santa Monica CA 90401 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.794</div> Nonpriority creditor's name and mailing address Mi Sook Ka 530 La Conner Dr Sunnyvale CA 94087 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.795</div> Nonpriority creditor's name and mailing address Mi Young Kim 4040 W Campbell Avenue Campbell CA 95008 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.796</div> Nonpriority creditor's name and mailing address Michael Beharrie 1 E Broward Blvd., Suite 700 Fort Laderdale FL 33301 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.797</div> Nonpriority creditor's name and mailing address Michael Carr 1708 Bunker Hill Lane, TRLR 160 Lewisville TX 75056 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 2px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.798</div> Nonpriority creditor's name and mailing address Michael Cowley 18011 Oakworth Dr. Houston TX 77084 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 2px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.799</div> Nonpriority creditor's name and mailing address Michael Kellerman 5022 Starblaze Dr. Greenacres FL 33463 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 2px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.800</div> Nonpriority creditor's name and mailing address Michael Kim 5730 Vista Brook Drive Suwanne GA 30024 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 2px;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.801</div> Nonpriority creditor's name and mailing address <u>Michael Landis</u> <u>1400 E. Newport Center Dr., #203</u> <u>Deerfield Beach</u> <u>FL</u> <u>33442</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.802</div> Nonpriority creditor's name and mailing address <u>Michael Miller</u> <u>2036 Hornblend St.</u> <u>San Diego</u> <u>CA</u> <u>92109</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.803</div> Nonpriority creditor's name and mailing address <u>Michael Sailor</u> <u>117 S Spring St., Suite 201</u> <u>Aspen</u> <u>CO</u> <u>81611</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.804</div> Nonpriority creditor's name and mailing address <u>Michael Santos</u> <u>704 S Knott Ave., #M1</u> <u>Anaheim</u> <u>CA</u> <u>92804</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.805</div> Nonpriority creditor's name and mailing address <u>Michel Sanchez</u> <u>617 Ward Rd</u> <u>Los Banos</u> <u>CA</u> <u>93635</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.806</div> Nonpriority creditor's name and mailing address <u>Michele Campbell</u> <u>60 4th Street #102</u> <u>Gilroy</u> <u>CA</u> <u>95020</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.807</div> Nonpriority creditor's name and mailing address <u>Michelle Acupuncture Clinic</u> <u>6934A Little River Turnpike, Suite A</u> <u>Annandale</u> <u>VA</u> <u>22003</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.808</div> Nonpriority creditor's name and mailing address <u>Michelle Nieman</u> <u>17636 White Perch Lake</u> <u>Conroe</u> <u>TX</u> <u>77384</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.809</div> Nonpriority creditor's name and mailing address <u>Michelle Ogata</u> <u>98 1941L Kaahumanu St.</u> <u>Alea</u> <u>HI</u> <u>96701</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.810</div> Nonpriority creditor's name and mailing address <u>Michelle Zazueta</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord</u> <u>CA</u> <u>94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.811</div> Nonpriority creditor's name and mailing address <u>Miguel Robledo Davila</u> <u>5260 Lodi St</u> <u>San Diego</u> <u>CA</u> <u>92117</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.812</div> Nonpriority creditor's name and mailing address <u>Mike B Rivers</u> <u>PO Box 214</u> <u>Elmsford</u> <u>NY</u> <u>10523</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.813</div> Nonpriority creditor's name and mailing address <u>Milan Kim</u> <u>18895 Coltma Rd., Suite A</u> <u>Rowland Heights</u> <u>CA</u> <u>91748</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.814</div> Nonpriority creditor's name and mailing address <u>Min Jin Kim</u> <u>2869 Fountain Head Drive</u> <u>San Ramon</u> <u>CA</u> <u>94583</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.815</div> Nonpriority creditor's name and mailing address <u>Min Young Cha Md.</u> <u>3130 W Olympic Blvd., Suite 220</u> <u>Los Angeles</u> <u>CA</u> <u>90006</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.816</div> Nonpriority creditor's name and mailing address <u>Ming Wang</u> <u>3408 Yuba Ave.</u> <u>San Jose</u> <u>CA</u> <u>95117</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.817</div> Nonpriority creditor's name and mailing address Minsim Lee 640 Balsa Avenue Brea CA 92821 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.818</div> Nonpriority creditor's name and mailing address Miracle Herbs & Acupuncture 15500 S Normandie Ave., # A Gardena CA 90247 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.819</div> Nonpriority creditor's name and mailing address Miriam Morales 3473 Rancho Rio Way Sacramento CA 95834 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.820</div> Nonpriority creditor's name and mailing address Mirna Lemus 2305 Park Brae Way Modesto CA 95358 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.821</div> Nonpriority creditor's name and mailing address Mitsuru Yamamoto 915 N King St. Honolulu HI 96717 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.822</div> Nonpriority creditor's name and mailing address Mo Ah Choi 22330 Meyer St., #54 Torrance CA 90502 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.823</div> Nonpriority creditor's name and mailing address Moises Lopez 4313 Freitag Way Elk Grove CA 95758 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.824</div> Nonpriority creditor's name and mailing address Molina Enterprises Llc 1448 N 27th Ave. Phoenix AZ 85009 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.825</div> Nonpriority creditor's name and mailing address Monica Noriega 6290 Lido Court Newark CA 94560 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.826</div> Nonpriority creditor's name and mailing address Monica Pina Mijangos 1005 County Road 135 W New Albany MS 38652 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.827</div> Nonpriority creditor's name and mailing address Moon Chang 3671 W 6th St. Los Angeles CA 90020 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.828</div> Nonpriority creditor's name and mailing address Moon Nyun Bae 3033 Moorpark Avenue #25 San Jose CA 95128 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.829</div> Nonpriority creditor's name and mailing address Moushir Manious 4383 Mesa Hill Dr. Las Vegas NV 89147 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.830</div> Nonpriority creditor's name and mailing address MSA Agent Test 11111 Richmond Dr., Suite 200 Houston TX 77082 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.831</div> Nonpriority creditor's name and mailing address Multiplan, Inc. 115 Fifth Avenue New York NY 10003 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Client Services Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.832</div> Nonpriority creditor's name and mailing address Mun Choi 2586 Staunton Lane Duluth GA 30096 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.833</div> Nonpriority creditor's name and mailing address <u>My Family Health Care Inc.</u> <u>3435 Wilshire Blvd., Suite 1930</u> <u>Los Angeles</u> <u>CA</u> <u>90010</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.834</div> Nonpriority creditor's name and mailing address <u>Myhealthquote, Inc.</u> <u>Stephen Moore</u> <u>7 Tapestry Lane</u> <u>Newnan</u> <u>GA</u> <u>30265</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.835</div> Nonpriority creditor's name and mailing address <u>Myong Boon Kim</u> <u>240 West Campbell Avenue</u> <u>Campbell</u> <u>CA</u> <u>95008</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.836</div> Nonpriority creditor's name and mailing address <u>Myong Yon Furuyama</u> <u>774 Carmel Avenue Apt #3</u> <u>Sunnyvale</u> <u>CA</u> <u>94085</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.837</div> Nonpriority creditor's name and mailing address Myra Serion 1982 Hoolaulea St. Pearl City HI 96782 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.838</div> Nonpriority creditor's name and mailing address Myung Hee Yeon 7671 Stage Rd #105 Buena Park CA 90621 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.839</div> Nonpriority creditor's name and mailing address Myung Sook Lee 21 Wilshire Avenue Daly City CA 94015 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.840</div> Nonpriority creditor's name and mailing address Myung Sook Seo 2137 Birch Hollow Trail Lawrenceville GA 30043 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.841</div> Nonpriority creditor's name and mailing address <u>Myung Yoon</u> <u>6 Arcade Avenue</u> <u>Berkeley</u> <u>CA</u> <u>94708</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.842</div> Nonpriority creditor's name and mailing address <u>Nam Seok Kim</u> <u>7345 McWhorter Place, Apt. #111</u> <u>Annandale</u> <u>VA</u> <u>22003</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.843</div> Nonpriority creditor's name and mailing address <u>Namhee Thompson</u> <u>4234 Greenview Dr</u> <u>El Darado Hills</u> <u>CA</u> <u>95762</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.844</div> Nonpriority creditor's name and mailing address <u>Nancy M. Aguila</u> <u>6411 New World Dr.</u> <u>Katy</u> <u>TX</u> <u>77449</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.845</div> Nonpriority creditor's name and mailing address <u>Nancy Pritchett</u> <u>1311 Corona</u> <u>Norco</u> <u>CA</u> <u>92860</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.846</div> Nonpriority creditor's name and mailing address <u>Narda Duarte</u> <u>2770 Marengo, Apt. #1</u> <u>Los Angeles</u> <u>CA</u> <u>90033</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.847</div> Nonpriority creditor's name and mailing address <u>Nathan Gross</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord</u> <u>CA</u> <u>94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.848</div> Nonpriority creditor's name and mailing address <u>National Health Agents</u> <u>Gregory Robbins</u> <u>1500 Cypress Creek Rd. #206</u> <u>Fort Lauderdale</u> <u>FL</u> <u>33309</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.849</div> Nonpriority creditor's name and mailing address <u>National Healthcare Alliance</u> <u>PO Box 5702</u> <u>Granbury TX 76049</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.850</div> Nonpriority creditor's name and mailing address <u>National Plan Advisors</u> <u>Jeffrey Franzoni</u> <u>3403 Powerline Rd., Suite 805</u> <u>Fort Lauderdale FL 33309</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.851</div> Nonpriority creditor's name and mailing address <u>NationsInsuranceQuote.com</u> <u>Danielle Bretti</u> <u>3694 Vallue Park Way</u> <u>Lake Worth FL 33407</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.852</div> Nonpriority creditor's name and mailing address <u>Nayrina Gonzalez</u> <u>PO Box 231883</u> <u>Sacramento CA 95823</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.853</div> Nonpriority creditor's name and mailing address Net Health Affiliates Inc. Garfield Lee 1811 Lyons Rd. Coconut Creek FL 33063 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.854</div> Nonpriority creditor's name and mailing address Net Rep Inc 5821 S W Frwy., Suite 600 Houston TX 77057 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.855</div> Nonpriority creditor's name and mailing address New Hampshire Association 41A Terrill Park Dr. Concord NH 03301 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.856</div> Nonpriority creditor's name and mailing address New Oxford Cleaners 94 01 A 46 Avenue, 1FL Elmhurst NY 11373 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.857</div> Nonpriority creditor's name and mailing address New Star Enterprise 21864 Elkins Terrace Sterling VA 20166 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.858</div> Nonpriority creditor's name and mailing address Ngan Do 3132 Oakbridge Dr San Jose CA 95121 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.859</div> Nonpriority creditor's name and mailing address Nichole Jefferson 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.860</div> Nonpriority creditor's name and mailing address Nicole Arteaga 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.861</div> Nonpriority creditor's name and mailing address Nicole Daman 6131 Escondido Court San Jose CA 95119 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.862</div> Nonpriority creditor's name and mailing address Nicole Joy Leonard 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.863</div> Nonpriority creditor's name and mailing address Nicolle Dixon 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.864</div> Nonpriority creditor's name and mailing address Nirky M. Buret 106 S Broadway White Plains NY 10605 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.865</div> Nonpriority creditor's name and mailing address Noel Nagnot 39247 Coprice St. Palmdale CA 93551 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.866</div> Nonpriority creditor's name and mailing address Noemi Lopez 113 N Michigan St Aberdeen WA 98520 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.867</div> Nonpriority creditor's name and mailing address Noemi Pinedo 418 California St Unit C Salinas CA 93901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.868</div> Nonpriority creditor's name and mailing address Nohemi Gaspar 1807 South Hart Road Modesto CA 95358 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.869</div> Nonpriority creditor's name and mailing address <u>Nonie Dubose</u> <u>6260 Westpark Dr., #303</u> <u>Houston TX 77057</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.870</div> Nonpriority creditor's name and mailing address <u>Nonie Dubose</u> <u>6260 Westpark Drive #303</u> <u>Houston TX 77057</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.871</div> Nonpriority creditor's name and mailing address <u>Norma Rivera</u> <u>1501 Classic Ct.</u> <u>Modesto CA 95357</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.872</div> Nonpriority creditor's name and mailing address <u>Normand Buillaume</u> <u>6346 Pinestead Rd.</u> <u>Lake Worth FL 33643</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.873</div> Nonpriority creditor's name and mailing address <u>Nova Marketing Group Llc</u> <u>7345 McWhorter Place, Suite 111</u> <u>Annandale</u> <u>VA</u> <u>20151</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.874</div> Nonpriority creditor's name and mailing address <u>Number One Health Ins. Agency Inc.</u> <u>Brandon Bowsky</u> <u>750 N Ocean Blvd.</u> <u>Pompano Beach</u> <u>FL</u> <u>33062</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.875</div> Nonpriority creditor's name and mailing address <u>NXT Level Health LLC</u> <u>7730 Yosemite Lane</u> <u>Parkland</u> <u>FL</u> <u>33067</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Breach of Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ Unknown
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.876</div> Nonpriority creditor's name and mailing address <u>Obstetrics & Gynecology Parviz Pirnazar</u> <u>10921 Wilshire Blvd., Suite 607</u> <u>Los Angeles</u> <u>CA</u> <u>90024</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.877</div> Nonpriority creditor's name and mailing address OC Dental Care 1717 Old Tustinn Ave. Santa Ana CA 92705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.878</div> Nonpriority creditor's name and mailing address Octavious Hawkins 190 NW 31st Ave. Fort Lauderdale FL 33311 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.879</div> Nonpriority creditor's name and mailing address Odessa Barnett 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.880</div> Nonpriority creditor's name and mailing address Ohana Dental Center 2153 N King St. Honolulu HI 96819 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.881</div> Nonpriority creditor's name and mailing address <u>Ok Ja Jang</u> <u>420 Union Dr., Apt. 302</u> <u>Los Angeles</u> <u>CA</u> <u>90017</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.882</div> Nonpriority creditor's name and mailing address <u>Ok Kim</u> <u>1679 Duvall Drive</u> <u>San Jose</u> <u>CA</u> <u>95130</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.883</div> Nonpriority creditor's name and mailing address <u>Olga Martinez Torres</u> <u>6901 Florin Rd., Apt. #3</u> <u>Sacramento</u> <u>CA</u> <u>95828</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.884</div> Nonpriority creditor's name and mailing address <u>Olivia Kim</u> <u>3681 Whitworth Dr</u> <u>Dublin</u> <u>CA</u> <u>94568</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.885</div> Nonpriority creditor's name and mailing address On Time Home Care Agency 17012 Liberty Ave. Jamaica NY 11433 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.886</div> Nonpriority creditor's name and mailing address Oscar Mendez-Turino 2298 SW 8th St. Miami FL 33135 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.887</div> Nonpriority creditor's name and mailing address Oswar Siordia 10070 Willard Pkwy, Apt. 132 Elk Grove CA 95757 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.888</div> Nonpriority creditor's name and mailing address Owen Hoyoung Cho 13037 Beach St. Cerritos CA 90703 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.889</div> Nonpriority creditor's name and mailing address Pablo Bailon 2025 Choctaw Dr. West Covina CA 91791 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.890</div> Nonpriority creditor's name and mailing address Pablo Ruiz 75 Nedra Court #1 Sacramento CA 95822 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.891</div> Nonpriority creditor's name and mailing address Pacific Eye Center 241 Farenholt Ave., Suite 101 Tamuning GU 96913 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.892</div> Nonpriority creditor's name and mailing address Palm Enterprises Inc 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

3.893	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	<u>Park Stephen</u>	<input type="checkbox"/> Contingent	
	<u>11039 Acacia Pkwy.</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Garden Grove</u> <u>CA</u> <u>92840</u>	<u>Face to Face Agent</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.894	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	<u>Parks Acupuncture & Herbs</u>	<input type="checkbox"/> Contingent	
	<u>2897 W Olympic Blvd., Suite 202</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Los Angeles</u> <u>CA</u> <u>90006</u>	<u>Face to Face Agent</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.895	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	<u>Patricia Miramontes</u>	<input type="checkbox"/> Contingent	
	<u>4913 Lotus Pond Way</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Elk Grove</u> <u>CA</u> <u>95757</u>	<u>Face to Face Agent</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.896	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	<u>Patricia Rosas Gomez</u>	<input type="checkbox"/> Contingent	
	<u>2791 McBride Ln #162</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Santa Rosa</u> <u>CA</u> <u>95403</u>	<u>Face to Face Agent</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.897</div> Nonpriority creditor's name and mailing address Patty Philibert 11730 Colman Rd. Philadelphia PA 19154 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.898</div> Nonpriority creditor's name and mailing address Paul Saunders 10929 Firestone Blvd. #128 Norwalk CA 90650 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.899</div> Nonpriority creditor's name and mailing address Paul Tyszkiewicz 2260 Avenida De La Playa La Jolla CA 92037 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.900</div> Nonpriority creditor's name and mailing address Paula Brown 1100 Belcher Rd. S, Lot 345 Largo FL 33771 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.901</div> Nonpriority creditor's name and mailing address <u>Paula Garcia</u> <u>1764 Janrick Ave.</u> <u>Sacramento</u> <u>CA</u> <u>95832</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.902</div> Nonpriority creditor's name and mailing address <u>Pax Multi Clinic</u> <u>2411 W 8th St., #100</u> <u>Los Angeles</u> <u>CA</u> <u>90057</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.903</div> Nonpriority creditor's name and mailing address <u>Pearl A. Cheng</u> <u>459 N Stephora Ave.</u> <u>Covina</u> <u>CA</u> <u>91724</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.904</div> Nonpriority creditor's name and mailing address <u>Pedro Medina</u> <u>352 Avenue San Claudio</u> <u>San Juan, PR 926</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.905</div> Nonpriority creditor's name and mailing address Pedro Zamora 11394 S Cardinal Lane Yuma AZ 85365 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.906</div> Nonpriority creditor's name and mailing address Pei Wang 3408 Yuba Avenue San Jose CA 95117 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.907</div> Nonpriority creditor's name and mailing address Peking Acupuncture & Herbs 509 S Euclid St. Anaheim CA 92802 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.908</div> Nonpriority creditor's name and mailing address Peter Bendeheim 122 Upland Terrace Bala Cynwyd PA 19004 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.909</div> Nonpriority creditor's name and mailing address Peter Lee 3054 W 8th St., Suite 106 Los Angeles CA 90005 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.910</div> Nonpriority creditor's name and mailing address Peter Moon 433 Sylvan Ave., #120 Mountain View CA 94041 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.911</div> Nonpriority creditor's name and mailing address Phan Tiet 5610 Laverne Ave. Oakland CA 94605 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.912</div> Nonpriority creditor's name and mailing address Phillip Jong 4073 Lakeside Dr. San Jose CA 95148 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.913</div> Nonpriority creditor's name and mailing address <u>Pil Hyun Park</u> <u>6730 Torrey Pine Cir.</u> <u>Suwanee</u> <u>GA</u> <u>30024</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.914</div> Nonpriority creditor's name and mailing address <u>Pilar Tobias</u> <u>235 N San Joaquin St</u> <u>Stockton</u> <u>CA</u> <u>95202</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.915</div> Nonpriority creditor's name and mailing address <u>Ping Blas</u> <u>94 1208 Awaiki St.</u> <u>Waipahu</u> <u>HI</u> <u>96797</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.916</div> Nonpriority creditor's name and mailing address <u>Pinnacle Consulting Group</u> <u>Sean Chapman</u> <u>531 N Ocean Blvd., #1808</u> <u>Pompano Beach</u> <u>FL</u> <u>33062</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.917</div> Nonpriority creditor's name and mailing address Porfirio Flores 209 S Chester Ave. Compton CA 90221 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.918</div> Nonpriority creditor's name and mailing address Preferred Healthcare Benefits 2313 W Sam Houston Pkwy N Houston TX 77043 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.919</div> Nonpriority creditor's name and mailing address Preminder Mahajan 10831 Wellworth Ave. Los Angeles CA 90024 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.920</div> Nonpriority creditor's name and mailing address Premium Marketing Alliance 116 S Arlington Heights Rd. Arlington Heights IL 60005 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Amount of claim

3.924	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
Promotion Health Plans 10518 W Flagler St. Miami FL 33174		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Last 4 digits of account number		Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.925</div> Nonpriority creditor's name and mailing address R W C Marketing Group 115 Penn Warren Dr., Suite 300-162 Brentwood TN 37027 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.926</div> Nonpriority creditor's name and mailing address Rafaela Burgos 185 Manana Lane Watsonville CA 95076 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.927</div> Nonpriority creditor's name and mailing address Rainbow Dental Center 599 Farrington Hwy. Kapolei HI 96707 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.928</div> Nonpriority creditor's name and mailing address Ralph Castillio 2021 NW 136th Ave., #574 Sunrise FL 33323 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.929</div> Nonpriority creditor's name and mailing address <u>Ramon Triana</u> <u>12908 Hyland Circle</u> <u>Boca Raton</u> <u>FL</u> <u>33428</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.930</div> Nonpriority creditor's name and mailing address <u>Ramon Warren</u> <u>851 Three Islands Blvd., Apt. 311</u> <u>Hallandale</u> <u>FL</u> <u>33009</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.931</div> Nonpriority creditor's name and mailing address <u>Randall Graham</u> <u>9613 Arrow Route, Bldg. 3-C</u> <u>Rancho Cucamonga</u> <u>CA</u> <u>56186</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.932</div> Nonpriority creditor's name and mailing address <u>Raquel Alcala</u> <u>11120 Bradley Ranch Rd., Apt. D4</u> <u>Elk Grove</u> <u>CA</u> <u>95624</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Amount of claim

3.936	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
	Refugio Anguiano	<input type="checkbox"/> Contingent	
	PO Box 11152	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	Salinas CA 93915	Face to Face Agent	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.937</div> Nonpriority creditor's name and mailing address Reginald Lyle 1598 Drakeley Ave Turlock CA 95301 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.938</div> Nonpriority creditor's name and mailing address Reina Oyola 11411 Scenery Place Germantown MD 20876 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.939</div> Nonpriority creditor's name and mailing address Renee Horie PO Box 6227 Kaneohe HI 96744 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.940</div> Nonpriority creditor's name and mailing address Renee Mucheschetera 1114 Green Pine Blvd. West Palm Beach FL 33409 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.941</div> Nonpriority creditor's name and mailing address <u>Renika Bass</u> <u>5802 Templegate Drive</u> <u>Houston TX 77066</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.942</div> Nonpriority creditor's name and mailing address <u>Resendez Chiropractic Center</u> <u>2930 Coronado Ave., Suite B</u> <u>San Diego CA 92154</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.943</div> Nonpriority creditor's name and mailing address <u>Rev. Felix Medina</u> <u>510 Wilmont & Connecticut Ave.</u> <u>Bridgeport, CT 6607</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.944</div> Nonpriority creditor's name and mailing address <u>Rey Garcia Bauza</u> <u>1741 Wright St., Apt. #5</u> <u>Sacramento CA 95825</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.945</div> Nonpriority creditor's name and mailing address Rey Piros 230 Hana Hwy. #2 Kahului HI 96732 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.946</div> Nonpriority creditor's name and mailing address Reynaldo De Guzman 138 Madison Ave. Rochelle Park, NJ 7662 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.947</div> Nonpriority creditor's name and mailing address Rhodora Sarmiento 1817 Capitol St. Vallejo CA 94590 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.948</div> Nonpriority creditor's name and mailing address Riasa Soliman 6000 El Dorado Prky #538 Frisco TX 75033 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.949</div> Nonpriority creditor's name and mailing address Ricardo Fernandez 579 Farrington Hwy. Kapolei HI 96707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.950</div> Nonpriority creditor's name and mailing address Ricardo Gamboa 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.951</div> Nonpriority creditor's name and mailing address Richard G. Clark 12839 Woman Hollering Rd. Converse TX 78109 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.952</div> Nonpriority creditor's name and mailing address Richard Shaw 3426 Wimbledon Dr. Cibolo TX 78108 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.953</div> Nonpriority creditor's name and mailing address Richard W. Rollins 4589 Mesaview Way Stone Mountain GA 30083 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.954</div> Nonpriority creditor's name and mailing address Rickey Templeton 313 Fannin Dr. Goodlettsville TN 37072 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.955</div> Nonpriority creditor's name and mailing address Rickman McLaren 84 Riverdale Ave. White Plains NY 10607 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.956</div> Nonpriority creditor's name and mailing address Robert Calvary PO Box 1453 Pinehurst TX 77362 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.957</div> Nonpriority creditor's name and mailing address <u>Robert Espinoza</u> <u>10645 N Tatum Blvd. #200-332</u> <u>Phoenix</u> <u>AZ</u> <u>85028</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.958</div> Nonpriority creditor's name and mailing address <u>Robert Franklin</u> <u>2000 South St.</u> <u>Leesburg</u> <u>FL</u> <u>34748</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.959</div> Nonpriority creditor's name and mailing address <u>Robert Guerriero</u> <u>20422 Harvest Oak Ct.</u> <u>Tampa</u> <u>FL</u> <u>33647</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.960</div> Nonpriority creditor's name and mailing address <u>Robert Lin</u> <u>18725B Gate Ave., Suite 140</u> <u>City Of Industry</u> <u>CA</u> <u>91748</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.961</div> Nonpriority creditor's name and mailing address Robert Potter 31244 Flying Cloud Dr. Laguna Niguel CA 92677 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.962</div> Nonpriority creditor's name and mailing address Robert Sr. Nelson 900 Mandana Ct. Modesto CA 95358 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.963</div> Nonpriority creditor's name and mailing address Robert Sturchio 510 Ocean Ave., Unit 7 Long Branch NJ 07740 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.964</div> Nonpriority creditor's name and mailing address Robert Sturchio 55 Melrose Ter., Apt. 416 Long Branch NJ 07740 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.965</div> Nonpriority creditor's name and mailing address Roberto Gandara PO Box 1357 Caguas, PR 726 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.966</div> Nonpriority creditor's name and mailing address Rochelle Coper 725 37th Avenue Ct. Greeley CO 80634 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.967</div> Nonpriority creditor's name and mailing address Rodney A. Kim 13211 Myford Rd., Apt. 1022 Tustin CA 92782 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.968</div> Nonpriority creditor's name and mailing address Rodney Warrior 21823 Hyerwood San Antonio TX 78259 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.969</div> Nonpriority creditor's name and mailing address <u>Roger Chang</u> <u>10515 Bellaire Blvd., A1</u> <u>Houston TX 77072</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.970</div> Nonpriority creditor's name and mailing address <u>Roger D. Teed</u> <u>2721 W 68th Place</u> <u>Tulsa OK 74132</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.971</div> Nonpriority creditor's name and mailing address <u>Rolando Villamayor</u> <u>7987 Flanders Dr.</u> <u>San Diego CA 92126</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.972</div> Nonpriority creditor's name and mailing address <u>Ron Cottrell</u> <u>2975 Treat Blvd., Suite A4</u> <u>Concord CA 94518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Amount of claim

3.976	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Rosa Fernandez		<input type="checkbox"/> Contingent		
	7363 Perera Circle		<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			Basis for the claim:		
	Sacramento CA 95831		Face to Face Agent		
	Date or dates debt was incurred		Is the claim subject to offset?		
			<input checked="" type="checkbox"/> No		
	Last 4 digits of account number		<input type="checkbox"/> Yes		

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.977</div> Nonpriority creditor's name and mailing address Rosa Gutierrez 9014 N El Dorado St. Stockton CA 95210 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.978</div> Nonpriority creditor's name and mailing address Rosa Magali Pozos Salgado 765 Elm Avenue # A Seaside CA 93955 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.979</div> Nonpriority creditor's name and mailing address Rosa Manriquez 600 Atkinson St. Roseville CA 95678 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.980</div> Nonpriority creditor's name and mailing address Rosa Maria Mendoza De Flores 420 Alice St. Stockton CA 95205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black;">\$0.00</div>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.981</div> Nonpriority creditor's name and mailing address Rosa Maria Vidal PO Box 56315 San Jose CA 95156 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.982</div> Nonpriority creditor's name and mailing address Rosa Perez 15788 Emerald Blvd., #2481 Burr Ridge IL 60527 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.983</div> Nonpriority creditor's name and mailing address Rosa Segovia 189 Hackensack Plank Rd. Weehawken, NJ 7086 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.984</div> Nonpriority creditor's name and mailing address Rosalba Chavarria 4971 42nd St. Sacramento CA 95820 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.985</div> Nonpriority creditor's name and mailing address <u>Rosalie Hizon</u> <u>P0 Box 2045</u> <u>Fontana</u> <u>CA</u> <u>92334</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.986</div> Nonpriority creditor's name and mailing address <u>Roscoe Mason</u> <u>8765 Spring Cypress Rd., Suite L</u> <u>Spring</u> <u>TX</u> <u>77379</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.987</div> Nonpriority creditor's name and mailing address <u>Rose Pelzer</u> <u>29607 Brownsville Rd.</u> <u>Magnolia</u> <u>TX</u> <u>77354</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.988</div> Nonpriority creditor's name and mailing address <u>Rosibell Cortes</u> <u>3349 Belden St.</u> <u>Sacramento</u> <u>CA</u> <u>95838</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.989</div> Nonpriority creditor's name and mailing address <u>Ross Boles</u> <u>9113 Gavin Rd.</u> <u>Lantana TX 76226</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.990</div> Nonpriority creditor's name and mailing address <u>Ross Hearing Aids</u> <u>PMB712 STEIII 674 Harmon LP Rd</u> <u>Dededo GU 96929</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.991</div> Nonpriority creditor's name and mailing address <u>Roy Franklin Anding Jr</u> <u>866 Westshore Court</u> <u>League City TX 77573</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.992</div> Nonpriority creditor's name and mailing address <u>Roy Wallace</u> <u>405 Tarrytown Rd., Suite 576</u> <u>White Plains NY 10607</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.993</div> Nonpriority creditor's name and mailing address <u>Ruben Lopez Decardenas</u> <u>16505 Butterfield Blvd., Apt 335</u> <u>Morgan Hill</u> <u>CA</u> <u>95037</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.994</div> Nonpriority creditor's name and mailing address <u>Rubidia Medellin</u> <u>2102 White Back Dr</u> <u>Houston</u> <u>TX</u> <u>77084</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.995</div> Nonpriority creditor's name and mailing address <u>Russell Masunaga</u> <u>2153 N King St.</u> <u>Honolulu</u> <u>HI</u> <u>96819</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.996</div> Nonpriority creditor's name and mailing address <u>Ruthie Agbayani</u> <u>94 436 Apowale St.</u> <u>Waipahu</u> <u>HI</u> <u>96797</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.997</div> Nonpriority creditor's name and mailing address RYU Acupuncture Clinic 121 S Glenoaks Blvd., #3 Burbank CA 91502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.998</div> Nonpriority creditor's name and mailing address S & D Advertising Concepts 5518 Avanak St. Spring TX 77389 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.999</div> Nonpriority creditor's name and mailing address Sae Joon Kim 550 Los Olivos Dr. Santa Clara CA 95050 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1000</div> Nonpriority creditor's name and mailing address Saeid Sadighi 2701 Firestone Blvd., Suite W South Gate CA 90280 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1001</div> Nonpriority creditor's name and mailing address Safeguard Insurance Market, Inc. Renata Llanes 1401 N University Dr. Suite 500 Coral Springs FL 33071 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1002</div> Nonpriority creditor's name and mailing address Sam Llanes 11330 NW 68th Ct. Parkland FL 33076 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1003</div> Nonpriority creditor's name and mailing address Samuel Cochran 2618 Darrell Dr. Abilene TX 79606 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1004</div> Nonpriority creditor's name and mailing address Samuel Gouh 215 Manhattan Place Los Angeles CA 90004 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1005</div> Nonpriority creditor's name and mailing address Samuel Juhn MD 7851 Walder St., #101 La Palma CA 90623 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1006</div> Nonpriority creditor's name and mailing address Samuel Morin 424 S Mobberly Ave. Longview TX 75602 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1007</div> Nonpriority creditor's name and mailing address Sandra Cisneros 5309 Ridge Gate Court Rocklin CA 95765 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1008</div> Nonpriority creditor's name and mailing address Sandra Lopez 6181 Greenhaven Drive Sacramento CA 95831 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1009</div> Nonpriority creditor's name and mailing address Sang Gu Kang 4360 Ivymount Ct Annandale VA 22003 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1010</div> Nonpriority creditor's name and mailing address Sang Hoon Lee 4201 Torrance Blvd., Suite 780 Torrance CA 90503 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1011</div> Nonpriority creditor's name and mailing address Sang Kwon 20102 Woodbine Avenue Castro Valley CA 94546 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1012</div> Nonpriority creditor's name and mailing address Sang Nyo Kim 3033 Moorpark Avenue #25 San Jose CA 95128 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1013</div> Nonpriority creditor's name and mailing address Sang Oh 5902 Kingsford Road #L Springfield VA 22152 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1014</div> Nonpriority creditor's name and mailing address Sang Yu 2058 Hailston Dr. Duluth GA 30097 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1015</div> Nonpriority creditor's name and mailing address Sanghee Han 646 Bolton Court #3 San Jose CA 95129 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1016</div> Nonpriority creditor's name and mailing address Santiago Aleman 1507 Winchester Blvd San Jose CA 95128 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1017</div> Nonpriority creditor's name and mailing address Sara Lim 371 Mariners Court #E Hayward CA 94544 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1018</div> Nonpriority creditor's name and mailing address Sara Pastora 3339 23rd St. San Francisco CA 94110 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1019</div> Nonpriority creditor's name and mailing address Sarah Ellis PO Box 55181 Valencia CA 91385 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1020</div> Nonpriority creditor's name and mailing address Sasang Acupuncture 1134 S Western Ave., Suite B2 Los Angeles CA 90006 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

3.1021 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face AgentSegretix19255 Sabal Lake Dr.Boca Raton FL 33434

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

3.1022 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face AgentSeo Hwang Kim18958 Sara Park CircleSaratoga CA 95070

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

3.1023 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face AgentSeo Kwon Lee5204 Rambler WaySacramento CA 95841

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

3.1024 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face AgentSeogchul Hong5309 Berrywood CourtFairfax VA 22032

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1025</div> Nonpriority creditor's name and mailing address Seon Roh 5520 Santa Monica Blvd., Suite 104 Los Angeles CA 90038 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1026</div> Nonpriority creditor's name and mailing address Serge Alexis Companies Llc 285 5th Ave., Suite 450 Brooklyn NY 11215 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1027</div> Nonpriority creditor's name and mailing address Sergio Borrayo 1058 S Alma Ave. Los Angeles CA 90023 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1028</div> Nonpriority creditor's name and mailing address Sergio Ruiz 2172 Third St. Corona CA 91719 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Amount of claim

3.1032 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		\$0.00
Seung Young Yoon		<input type="checkbox"/> Contingent		
215 Grove Acre Ave., Apt. #16		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
Pacific Grove CA 93950		Face to Face Agent		
Date or dates debt was incurred		Is the claim subject to offset?		
Last 4 digits of account number		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1033</div> Nonpriority creditor's name and mailing address Seunghee Suh 4323 Gleneagles Ct. Stockton CA 95219 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1034</div> Nonpriority creditor's name and mailing address Severance Optometric Center 3030 W Olympic Blvd., Suite 110 Los Angeles CA 90006 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1035</div> Nonpriority creditor's name and mailing address Shalic Renfro 2715 Wuthering Heights Houston TX 77045 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1036</div> Nonpriority creditor's name and mailing address Shar Gor 6391 Alderton St. Rego Park NY 11374 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1037</div> Nonpriority creditor's name and mailing address Shareef Rabie 1723 Parklake Village Katy TX 77450 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	 <u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1038</div> Nonpriority creditor's name and mailing address Shareef Rabie 11111 Richmond Ave., Suite 200 Houston TX 77082 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	 <u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1039</div> Nonpriority creditor's name and mailing address Sharon E. Ueligitone 2575 E 19th St., Apt. 28 Signal Hill CA 90755 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	 <u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1040</div> Nonpriority creditor's name and mailing address Sharon Haak 1602 Regal Blue Ct. Fresno TX 77545 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	 <u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1041</div> Nonpriority creditor's name and mailing address Sharon Johnson 2379 Briarwest Blvd., #8 Houston TX 77077 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1042</div> Nonpriority creditor's name and mailing address Sharon Naylor 415 W Central Ave. La Follette TN 37766 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1043</div> Nonpriority creditor's name and mailing address Sheena McDowell 1835 S Perimeter Rd. #165 Fort Lauderdale FL 33309 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1044</div> Nonpriority creditor's name and mailing address Sherman LII Medical Group 3859 Rosemead Blvd. Rosemead CA 91770 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1045</div> Nonpriority creditor's name and mailing address Sherry Panuco 8931 N El Dorado Stockton CA 95210 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1046</div> Nonpriority creditor's name and mailing address Shin W. Kang Medical 2727 W Olympic Blvd., Suite 206 Los Angeles CA 90006 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1047</div> Nonpriority creditor's name and mailing address Shonnell Sinclair 2010 NW 64th Ave. Sunrise FL 33313 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1048</div> Nonpriority creditor's name and mailing address Sierra Insurance LLC Jorge Sierra 1000 W Pembroke Rd., Suite 208 Hallandale FL 33009 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1049</div> Nonpriority creditor's name and mailing address Silvia Alcaraz 305 N E St. Stockton CA 95205 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1050</div> Nonpriority creditor's name and mailing address Simuel Evans III 8726 Cedar Trace Dr. Spring TX 77379 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1051</div> Nonpriority creditor's name and mailing address Sindee Guzman 1041 Prairie Dr. Suisun City CA 94585 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1052</div> Nonpriority creditor's name and mailing address Siu Lo Li 857 Kunawai Lane Honolulu HI 96817 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1053</div> Nonpriority creditor's name and mailing address Sky Net 22119 Fair Garden Lane Clarksburg MD 20871 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1054</div> Nonpriority creditor's name and mailing address So Yun Kim 110403 Gold Stafton Drive Gold River CA 95670 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1055</div> Nonpriority creditor's name and mailing address Son Nguyen 12826 Remy Street Houston TX 77045 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1056</div> Nonpriority creditor's name and mailing address Song Cho 246 Grove Way Hayward CA 94541 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1057</div> Nonpriority creditor's name and mailing address <u>Song Kim</u> <u>561 Alandele Ave.</u> <u>Los Angeles</u> <u>CA</u> <u>90036</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1058</div> Nonpriority creditor's name and mailing address <u>Sonia Tlaseca</u> <u>720 S Terrace Ave</u> <u>Colombus</u> <u>OH</u> <u>43204</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1059</div> Nonpriority creditor's name and mailing address <u>Soo Chung</u> <u>8370 Greensboro Drive Unit 319</u> <u>Mclean</u> <u>VA</u> <u>22102</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1060</div> Nonpriority creditor's name and mailing address <u>Soojin Choi</u> <u>3770 Flora Vista Avenue</u> <u>Santa Clara</u> <u>CA</u> <u>95051</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1061</div> Nonpriority creditor's name and mailing address _____ Soon Ae Lee _____ 1267 Webster St _____ _____ San Francisco CA 94115 _____ Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1062</div> Nonpriority creditor's name and mailing address _____ Soon Yong _____ 907 Silacci Dr. _____ _____ Campbell CA 95008 _____ Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1063</div> Nonpriority creditor's name and mailing address _____ Soon Yoon _____ 1841 Central Park Ave., Apt. 2M _____ _____ Yonkers NY 10710 _____ Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1064</div> Nonpriority creditor's name and mailing address _____ Soukmany Rajamountry _____ 2613 Willowgate Rd _____ _____ Grove City OH 43123 _____ Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1065</div> Nonpriority creditor's name and mailing address Soyun Lee 32632 Almaden Blvd #139 Union City CA 94587 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1066</div> Nonpriority creditor's name and mailing address Stephanie Seo 1104 Topaz Avenue #4 San Jose CA 95117 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1067</div> Nonpriority creditor's name and mailing address Stephen Bognar 4717 Canyon Hills Drive Fairfield CA 94534 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1068</div> Nonpriority creditor's name and mailing address Stephen Oh 3568 Adams St. Riverside CA 92504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1069</div> Nonpriority creditor's name and mailing address Steven Kang 4001 Wilshire Blvd., Apt. F 286 Los Angeles CA 90010 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1070</div> Nonpriority creditor's name and mailing address Steven P. Schoppa 16014 Aberdeen Forest Dr. Houston TX 77095 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1071</div> Nonpriority creditor's name and mailing address Steven Torimaru 807 W Camino Real Ave. #S Arcadia CA 91007 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1072</div> Nonpriority creditor's name and mailing address Su Lan Yang 742 N Mavis Street #2 Anaheim CA 92805 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1073</div> Nonpriority creditor's name and mailing address Su Yeon Choe 2471 Kenwood Avenue San Jose CA 95128 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1074</div> Nonpriority creditor's name and mailing address Sue Baek 8350 Greensboro Dr., #1-707 McLean VA 22102 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1075</div> Nonpriority creditor's name and mailing address Sue Shin 1380 Belmont Hills Dr. Suwanee GA 30024 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1076</div> Nonpriority creditor's name and mailing address Suhee Oh 4040 West Campbell Avenue Campbell CA 95008 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1077</div> Nonpriority creditor's name and mailing address Sukyeong Choi 2676 Newhall Street Apt 29 Santa Clara CA 95050 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1078</div> Nonpriority creditor's name and mailing address Sulma Hernandez 2836 N Cedar Ave Fresno CA 93703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1079</div> Nonpriority creditor's name and mailing address Sun Hee Lee 1340 Dabney House Rd. Vernon Hill VA 24597 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1080</div> Nonpriority creditor's name and mailing address Sun J. Shin MDM Inc. 866 S Westmoreland Ave., Suite 101 Los Angeles CA 90005 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1081</div> Nonpriority creditor's name and mailing address Sun Kim 4113 124th Ave. SE #601 Bellvue WA 98006 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1082</div> Nonpriority creditor's name and mailing address Sun Kim 3122 112th St. E Tacoma WA 98446 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1083</div> Nonpriority creditor's name and mailing address Sun Kyung Choi 4825 Pine Forest Place San Jose CA 95118 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1084</div> Nonpriority creditor's name and mailing address Sun-Hwa Kim 10575 Glenview Avenue Cupertino CA 95014 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1085</div> Nonpriority creditor's name and mailing address Sung Choi 350 S Via El Modena #4 Orange CA 92869 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1086</div> Nonpriority creditor's name and mailing address Sung Hu Kim 3040 W 7th St. Los Angeles CA 90005 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1087</div> Nonpriority creditor's name and mailing address Sung Knight 246 Grove Way Hayward CA 94541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1088</div> Nonpriority creditor's name and mailing address Sung Lee 1145 Palomar Court Tracy CA 95377 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1089</div> Nonpriority creditor's name and mailing address Sung Min Acupuncture Clinic 809 S Hobare Pl Los Angeles CA 90005 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1090</div> Nonpriority creditor's name and mailing address Sung Sub Choi MD Inc. 3323 W Olympic Blvd., Suite 210 Los Angeles CA 90019 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1091</div> Nonpriority creditor's name and mailing address Sunghan Suk 1531 S Diamond Bar Blvd. Diamond Bar CA 91765 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1092</div> Nonpriority creditor's name and mailing address Sunhee Go 9251 Glen Meadow Lane Bristow VA 20136 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1093</div> Nonpriority creditor's name and mailing address Sunny Chon Royce 6270 Clay Pipe Court Centreville VA 20121 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1094</div> Nonpriority creditor's name and mailing address Sunny Kim 407 Olympus #6 Hercules CA 94547 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1095</div> Nonpriority creditor's name and mailing address Sunrise Consulting And Financial 6097 Golfview Dr. Gurnee IL 60031 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1096</div> Nonpriority creditor's name and mailing address Susan Andres 38715 Road 128 Cutler CA 93615 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1097</div> Nonpriority creditor's name and mailing address <u>Susan Hudgens</u> <u>3224 MC Kelvey St.</u> <u>Bridgton</u> <u>MO</u> <u>63041</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1098</div> Nonpriority creditor's name and mailing address <u>Suzie Park</u> <u>22221 Bloomfield Ave., #24</u> <u>Cypress</u> <u>CA</u> <u>90630</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1099</div> Nonpriority creditor's name and mailing address <u>Sylvan Medical Group</u> <u>1510 Florida Ave.</u> <u>Modesto</u> <u>CA</u> <u>95350</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1100</div> Nonpriority creditor's name and mailing address <u>Tae Hyun Oh</u> <u>110 Circle View Dr., Apt. #110A</u> <u>Buford</u> <u>GA</u> <u>30518</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

3.1101 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Tamara Soliai****55-537 A Naniloa Loop****Laie HI 96762**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1102 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Tan Hoa Nguyen****2600 Senter Road # 17****San Jose CA 95111**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1103 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Tara Fletcher****410 W Grand Pkwy S, Suite 242****Katy TX 77494**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1104 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Tara Khor****2420 Fleury Way****Stockton CA 95210**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

3.1105 Nonpriority creditor's name and mailing address Tausief Mohamed 6321 SW 20th St. Miramar FL 33023 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.1106 Nonpriority creditor's name and mailing address Tavere Johnson 2950 W. Cypress Creek Rd. Fort Lauderdale FL 33309 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.1107 Nonpriority creditor's name and mailing address Tehillah Enterprises Inc 21116 Marsh Creek Rd. Preston MD 21655 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.1108 Nonpriority creditor's name and mailing address Telsource Solutions 7447 Harwin Dr., Suite 246 Houston TX 77036 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1109</div> Nonpriority creditor's name and mailing address Temple Pain Care Center 3738 W 6th St. Los Angeles CA 90020 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1110</div> Nonpriority creditor's name and mailing address Terence Reed 413 Westpark Dr. Weatherford TX 76086 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1111</div> Nonpriority creditor's name and mailing address Teresa Jimenez 1639 Waverly Ave. San Jose CA 95122 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1112</div> Nonpriority creditor's name and mailing address Teresa Medical 2675 W Olympic Blvd. Los Angeles CA 90006 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1113</div> Nonpriority creditor's name and mailing address Terrence Won 1360 S Beretania St. Honolulu HI 96814 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1114</div> Nonpriority creditor's name and mailing address Tessie Zamora 95 716 Paikauhale St. Mililani HI 96789 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1115</div> Nonpriority creditor's name and mailing address Thacher Chris 2975 Treat Blvd., Suite A4 Concord CA 94518 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1116</div> Nonpriority creditor's name and mailing address The Doctors Clinic PO Box 11409 Tamuning GU 96931 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u> </u> \$0.00

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Amount of claim

3.1117 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Producer Agreement

Is the claim subject to offset?

- ☒ No
☐ Yes

The Green Group**Angela Mirabella****20271 SW Acacia St., #200****Newport Beach****CA****92660**

Date or dates debt was incurred

Last 4 digits of account number

3.1118 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Producer Agreement

Is the claim subject to offset?

- ☒ No
☐ Yes

The HIC Group**Seni Sok****4960 NE 27th Avenue****Lighthouse Point****FL****33064**

Date or dates debt was incurred

Last 4 digits of account number

3.1119 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent

Is the claim subject to offset?

- ☒ No
☐ Yes

The Kool Tech**4154 Sleeping Indian Rd.****Fallbrook****CA****92028**

Date or dates debt was incurred

Last 4 digits of account number

3.1120 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent

Is the claim subject to offset?

- ☒ No
☐ Yes

The Park Dental Group**44841 10th St. W****Lancaster****CA****93534**

Date or dates debt was incurred

Last 4 digits of account number

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1121</div> Nonpriority creditor's name and mailing address <u>Thomas Meissner</u> <u>1422 Pelican Way</u> <u>Suisun City</u> <u>CA</u> <u>94585</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1122</div> Nonpriority creditor's name and mailing address <u>Tiffany Kang</u> <u>7212 Crestfield Dr</u> <u>San Ramon</u> <u>CA</u> <u>94582</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1123</div> Nonpriority creditor's name and mailing address <u>Tiffany Richards</u> <u>2950 W Cypress Creek Rd.</u> <u>Fort Lauderdale</u> <u>FL</u> <u>33309</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1124</div> Nonpriority creditor's name and mailing address <u>Tiffany Rucker</u> <u>4121 E Busch Blvd.</u> <u>Tampa</u> <u>FL</u> <u>33617</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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Amount of claim

3.1129 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Tonya Bias****6503 Bayou View Dr.****Houston TX 77091**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1130 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Producer Agreement**Top Healthcare Options Insurance Agency****Tiffany Gonzalez****8409 N Coral Circle****North Lauderdale FL 33068**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1131 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Toribio Aniban****3235 Sagewood Lane****San Jose CA 95132**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1132 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Town & Country Dentistry****10941 Finstone Blvd.****Norwalk CA 90650**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

3.1133 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Tran Juliane****683 Indian Hill Blvd.****Pomona CA 91767**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1134 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Trendirect****510 Congress St., Suite 2****Portland, ME 4101**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1135 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Producer Agreement**Tri-Star Insurance Services LLC****Maria Baceros****1752 E Bullard Ave.****Fresno CA 93710**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1136 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Tustin Place Med Group****13095 Jamboree Rd.****Tustin CA 92782**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

3.1137 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Tweedy Medical Group****4075 Tweedy Blvd.****South Gate CA 90280**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1138 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Tyrone Smith****2018 Ruffian Lane****Stafford TX 77477**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1139 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Umbelina Martinez****3980 El Camino Real #87****Palo Alto CA 94306**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1140 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Valerie Robinson****7373 Andmore St., #1254****Houston TX 77054**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1141</div> Nonpriority creditor's name and mailing address Vanessa Osorio-Bedoya 2950 W Cypress Creek Rd. Fort Lauderdale FL 33309 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1142</div> Nonpriority creditor's name and mailing address Vernbro Medical Bldg. 231 W Vernon Ave., Suite 108 Los Angeles CA 90037 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1143</div> Nonpriority creditor's name and mailing address Vernbro Medical Group 231 W Vernon Ave., Suite 201 Los Angeles CA 90037 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1144</div> Nonpriority creditor's name and mailing address Veronica Eunice Chacon Corena 351 North 26th St #19 San Jose CA 95116 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1145</div> Nonpriority creditor's name and mailing address Veronica Pascual 8572 Villa View Dr. Citrus Heights CA 95621 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1146</div> Nonpriority creditor's name and mailing address Veronica Wilson 23311 Good Dale Lane Spring TX 77373 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1147</div> Nonpriority creditor's name and mailing address VGB Associates Inc 2020 Hurley Way, Suite 145 Sacramento CA 95825 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1148</div> Nonpriority creditor's name and mailing address Vicente M. Lizama PO Box 3165 Chula Vista CA 91909 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div>

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1149</div> Nonpriority creditor's name and mailing address Vickie Donaldson 5919 Pine Arbor Dr. Houston TX 77066 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1150</div> Nonpriority creditor's name and mailing address Victor Arrieta PO Box 4677 Carolina, PR 984 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1151</div> Nonpriority creditor's name and mailing address Victor Olivas Salazar 8501 Willow Grove Way Sacramento CA 95828 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1152</div> Nonpriority creditor's name and mailing address Victor Romley 1136 Union Mall Honolulu HI 96813 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1153</div> Nonpriority creditor's name and mailing address Victorien Rival 5501 W Broward Blvd. Plantation FL 33317 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1154</div> Nonpriority creditor's name and mailing address Victorino Rodriguez Gallardo 53 White St Watsonville CA 95076 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1155</div> Nonpriority creditor's name and mailing address Vilma Maramba 533 Chuck Wagon Circle Walnut CA 91789 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1156</div> Nonpriority creditor's name and mailing address Vincent Bellezza 381 SW Ridgecrest Dr. Port St. Lucie FL 34953 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

3.1157 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Vincente Franco****1884 SW 57th Ave.****Miami FL 33155**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1158 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Violeta Lenhart****94 1568 Waipahu St.****Waipahu HI 96797**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1159 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Virginia Recinos****6110 Fillmore Place, Apt. 2****West New York, NJ 7093**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1160 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Viva Jones****4115 East Noble Avenue****Visalia CA 93292**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1161</div> Nonpriority creditor's name and mailing address Vivian Nguyen 4652 Rotherhaven Way San Jose CA 95111 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1162</div> Nonpriority creditor's name and mailing address Vonni Kim 3061 West 12th Place Los Angeles CA 90006 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1163</div> Nonpriority creditor's name and mailing address Walter Peccorinni 2909 Angel Drive Stockton CA 95209 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1164</div> Nonpriority creditor's name and mailing address Wave Dentistry 9673 Sierra Ave., Suite C Fontana CA 92335 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1165</div> Nonpriority creditor's name and mailing address Wen-Ru Yang 915 N King St. Honolulu HI 96717 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1166</div> Nonpriority creditor's name and mailing address Wendy Buret 106 S Broadway White Plains NY 10605 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1167</div> Nonpriority creditor's name and mailing address Wesley Dixon 15116 Lee Rd., Suite 510 Humble TX 77396 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1168</div> Nonpriority creditor's name and mailing address Westmoreland Family Dental 866 S Westmoreland Ave., #102 Los Angeles CA 90005 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.1169</div> Nonpriority creditor's name and mailing address Westpark Investments 14503 Royal Hill Dr. Houston TX 77083 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> \$0.00
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.1170</div> Nonpriority creditor's name and mailing address Wilfred Martinez 6727 Pheasant Oak Dr. Houston TX 77083 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> \$0.00
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.1171</div> Nonpriority creditor's name and mailing address Wilhelmina Bautista 6676 Ridgeline Avenue San Bernardino CA 92407 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> \$0.00
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.1172</div> Nonpriority creditor's name and mailing address Will McKinney 716 Leadenhall Ct. Antioch TN 37013 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> \$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

3.1177 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Won Kim****1101 Rusher Street****Tracy CA 95376**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1178 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Won Man Yi****101 Spear St A-24****San Francisco CA 95105**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1179 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Woon Kwak****1730 N Community Dr., Apt. #202****Anaheim CA 92806**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1180 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Wynn Greene****3411 S Camino Seco Unit #412****Tucson AZ 85730**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

3.1181 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$0.00X-Ray Pro Inc.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

241 Farenholt Ave., Suite 107

Basis for the claim:

Tamuning GU 96913Face to Face Agent

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☒ No
☐ Yes

3.1182 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$0.00Xu Zhen Shun

- ☐ Contingent
☐ Unliquidated
☐ Disputed

1550 Filmore Street #309

Basis for the claim:

San Francisco CA 94115Face to Face Agent

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☒ No
☐ Yes

3.1183 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$0.00Yeon Suh

- ☐ Contingent
☐ Unliquidated
☐ Disputed

415 S Harvard Blvd. #315

Basis for the claim:

Los Angeles CA 90020Face to Face Agent

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☒ No
☐ Yes

3.1184 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$0.00Yesenia Garcia Castro

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3233 Mangum Rd #377

Basis for the claim:

Houston TX 77092Face to Face Agent

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☒ No
☐ Yes

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1185</div> Nonpriority creditor's name and mailing address Yesung Yoo 4630 Luxberry Dr. Fairfax VA 22032 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1186</div> Nonpriority creditor's name and mailing address Yime Melgar Alcantara 1 Doering Ln Watsonville CA 95076 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1187</div> Nonpriority creditor's name and mailing address Yohan Cho 2917 Monroe Place Falls Church VA 22042 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1188</div> Nonpriority creditor's name and mailing address Yohan Jhung 1881 W Jefferson Blvd., #203 Los Angeles CA 90018 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1189</div> Nonpriority creditor's name and mailing address Yolanda Abaca 7900 Casaba Avenue Winnetka CA 91306 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1190</div> Nonpriority creditor's name and mailing address Yolanda Valdivia 255 Tapestry Lane, Apt. #606 American Canyon CA 94503 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1191</div> Nonpriority creditor's name and mailing address Yolanda Valeriano 1927 Leford Way Sacramento CA 95832 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1192</div> Nonpriority creditor's name and mailing address Yon Chung 835 McAllister St., #K San Francisco CA 94102 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1193</div> Nonpriority creditor's name and mailing address Yong Cha Kim 5 Southview Lane Carmel Valley CA 93924 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1194</div> Nonpriority creditor's name and mailing address Yong Cho 246 Grove Way Hayward CA 94541 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1195</div> Nonpriority creditor's name and mailing address Yong Hoan Choi 2500 Pleasant Hill Rd., Apt. #1013 Duluth GA 30096 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1196</div> Nonpriority creditor's name and mailing address Yong Kim 7345 McWhorter Place #111 Annandale VA 22003 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1197</div> Nonpriority creditor's name and mailing address Yong Mi Kim 1336 Logsdon Lane Buffalo Grove IL 60089 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1198</div> Nonpriority creditor's name and mailing address Yong Sik Chin 1819 June Marie Ct Hayward CA 94541 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1199</div> Nonpriority creditor's name and mailing address Yong So Oh 1248 San Angelo Dr. Salinas CA 93901 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1200</div> Nonpriority creditor's name and mailing address Yong Soo Kwak 1716 Townsend Ave. Santa Clara CA 95051 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; width: 100px;">\$0.00</div>

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1201</div> Nonpriority creditor's name and mailing address Yoni Del Cid 1241 Clinton Rd. Sacramento CA 95825 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1202</div> Nonpriority creditor's name and mailing address Yoo Lee 8550 Bauer Dr. Springfield VA 22152 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1203</div> Nonpriority creditor's name and mailing address Yoon Choi 6365 Benecia Avenue Newark CA 94560 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1204</div> Nonpriority creditor's name and mailing address Yoshihiro Mizuochi 1901 E Amar Road #67 West Covina CA 91792 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

3.1205 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Yoshimi Koda****1204 West Gardena Blvd #C****Gardena CA 90247**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1206 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Youn Hyun Bae****218 N Charles St., Apt. 2101****Baltimore MD 21201**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1207 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Youn Ju Kim****1201 W Valencia Dr., #66****Fullerton CA 92833**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1208 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face Agent**Young Ho Choi****424 Lincoln St.****Palisades Park, NJ 7650**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1209</div> Nonpriority creditor's name and mailing address Young Im 22910 Crenshaw Blvd., Suite C Torrance CA 90505 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1210</div> Nonpriority creditor's name and mailing address Young Im Kim 13929 Marquesas Way, #108A Marina Del Rey CA 90292 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1211</div> Nonpriority creditor's name and mailing address Young Kyo Shinn 2971 Grey Moss Pass Duluth GA 30097 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1212</div> Nonpriority creditor's name and mailing address Young Park 10454 Sterling Blvd Cupertino CA 95014 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1213</div> Nonpriority creditor's name and mailing address Young Sim Paik 831 North El Camino Real #3 San Mateo CA 94401 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1214</div> Nonpriority creditor's name and mailing address Young Sook Kim 3805 Bromelow Trail Lawrenceville GA 30044 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1215</div> Nonpriority creditor's name and mailing address Young Sun Herbs Acupuncture 3663 W 6th St., Suite 308 Los Angeles CA 90020 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1216</div> Nonpriority creditor's name and mailing address Young Sun Park 900 Park Knoll Court Lawrenceville GA 30043 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1217</div> Nonpriority creditor's name and mailing address <u>Youngsun Kim</u> <u>7484 Old Alexandria Ferry Rd.</u> <u>Clinton</u> <u>MD</u> <u>20735</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1218</div> Nonpriority creditor's name and mailing address <u>Younjung Kim</u> <u>58 Henry Ave., Apt. A</u> <u>Palisades Park, NJ 7650</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1219</div> Nonpriority creditor's name and mailing address <u>Yousuf Syed</u> <u>7830 NW 33rd St., Apt. 405</u> <u>Hollywood</u> <u>FL</u> <u>33024</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Producer Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1220</div> Nonpriority creditor's name and mailing address <u>Yuehui Xia</u> <u>5921 Cloverly Ave.</u> <u>Temple City</u> <u>CA</u> <u>91780</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Face to Face Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Part 2: Additional Page**

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Amount of claim

3.1221 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face AgentYuenen Guadalupe Santiago Flores10500 W. Highway 12 #CLodi CA 95242

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

3.1222 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face AgentYun Cho Han14517 Suny Lake CourtCentreville VA 20120

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

3.1223 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face AgentYun Jae An10141 Cyafth Drive #BCuperfino CA 95014

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

3.1224 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Face to Face AgentYun Soon Park1573 Elka Ave.San Jose CA 95129

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1225</div> Nonpriority creditor's name and mailing address Yung Wang 1020 Meadow Glen Court Fairfield CA 94533 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1226</div> Nonpriority creditor's name and mailing address Yunhi Kong 3798 Hancock Dr. Santa Clara CA 95051 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1227</div> Nonpriority creditor's name and mailing address Yvonne Fidure 1230 Spencer Rd. Warminster PA 18974 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Producer Agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1228</div> Nonpriority creditor's name and mailing address Zenon Cancino 402 W Chapman Ave. Placentia CA 92870 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **American Workers Insurance Services, Inc.**Case number (if known) **19-44208-mxm11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1229</div> Nonpriority creditor's name and mailing address Zolimar Marcia Gutierrez Torres 404 Royce Drive San Jose CA 95133 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1230</div> Nonpriority creditor's name and mailing address Zulma Ramirez 6 1/2 Lowden St New Jersey, NJ 7208 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Face to Face Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Jacob L. McBride</u> <u>Weinstein Radcliff Pipkin LLP</u> <u>8350 N. Central Expwy., Suite 1550</u> <u>Dallas TX 75206</u>	Line <u>3.875</u> <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.2	<u>Taylor English Duma LLP</u> <u>Attn: Jonathan Crumly</u> <u>1600 Parkwood Circle, Suite 200</u> <u>Atlanta GA 30339</u>	Line <u>3.200</u> <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$0.00

5b. Total claims from Part 2

5b. + \$9,505.80

5c. Total of Parts 1 and 2

5c. \$9,505.80

Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name American Workers Insurance Services, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number 19-44208-mxm11
(if known)Chapter 11☐ Check if this is an amended filingOfficial Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>Abdullah Khalid</u> <u>1799 W Oakland Park Blvd., Suite 300</u> <u>Oakland Park</u> <u>FL</u> <u>33311</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>Adam Bercowicz</u> <u>1835 S Perimeter Rd. #165, #C206</u> <u>Fort Lauderdale</u> <u>FL</u> <u>33309</u>
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>Advance Benefit Group</u> <u>Mario Callejas</u> <u>4300 N University Dr.</u> <u>Lauderdale</u> <u>FL</u> <u>33351</u>
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>Ahmed Rauf</u> <u>550 Fairway Dr., #106</u> <u>Deerfield</u> <u>FL</u> <u>33441</u>

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Americare Life & Health</u> <u>Emily Payne</u> <u>750 East Sample Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Pompano Beach</u> <u>FL</u> <u>33064</u>
2.6	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Angela Garcia</u> <u>501 NW 141 Ave. #101</u>
	State the term remaining		
	List the contract number of any government contract		<u>Pembroke Pines</u> <u>FL</u> <u>33028</u>
2.7	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Angeleatia Carter</u> <u>2730 W 9th Court</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33311</u>
2.8	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Annely Santillo</u> <u>83 Derrick Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>West Henrietta</u> <u>NY</u> <u>14586</u>
2.9	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Anthony Lombardi</u> <u>2214 Saw Mill River Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Elmsford</u> <u>NY</u> <u>10523</u>
2.10	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Anthony Maresca</u> <u>27269 Guapore Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Punta Gorda</u> <u>FL</u> <u>33983</u>

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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2.11	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Anthony Mossucco</u> <u>8565 Breezy Hill Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Boynton Beach</u> <u>FL</u> <u>33473</u>
2.12	State what the contract or lease is for and the nature of the debtor's interest	Administrative Agreement with AWIS	<u>Association Health Care Management, Inc.</u> <u>11111 Richmond Ave., Suite 200</u>
	State the term remaining		
	List the contract number of any government contract		<u>Houston</u> <u>TX</u> <u>77082</u>
2.13	State what the contract or lease is for and the nature of the debtor's interest	Agreement with AWIS	<u>Association Health Care Management, Inc.</u> <u>11111 Richmond Ave., Suite 200</u>
	State the term remaining		
	List the contract number of any government contract		<u>Houston</u> <u>TX</u> <u>77082</u>
2.14	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Atalie Bruna</u> <u>8025 Royal Palm Cir.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Tamarac</u> <u>FL</u> <u>33321</u>
2.15	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Atlantic Health</u> <u>Charles Donisi</u> <u>2717 NE 25th St.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33305</u>
2.16	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Benjamin Mahler</u> <u>3350 NW 2nd Ave., Suite A28</u>
	State the term remaining		
	List the contract number of any government contract		<u>Boca Raton</u> <u>FL</u> <u>33431-6678</u>

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.17	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Beacon Strategic Planning Solutions LLC</u> <u>Stacie Tanaka</u> <u>6117 Wild Eagle Ct.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Elk Grove</u> <u>CA</u> <u>95757</u>
2.18	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Big One Strategic Solutions Inc.</u> <u>Kaylynn Serna</u> <u>4055 Spencer St., Suite 208</u>
	State the term remaining		
	List the contract number of any government contract		<u>Las Vegas</u> <u>NV</u> <u>89119</u>
2.19	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Bob Jennison</u> <u>200 Lake Evelyn Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>West Palm Beach</u> <u>FL</u> <u>33411</u>
2.20	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Bradley Mednick</u> <u>704 Republic Ct.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Deerfield Beach</u> <u>FL</u> <u>33442</u>
2.21	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Brandon Sears</u> <u>701 Palomar Airport Rd., Suite 300</u>
	State the term remaining		
	List the contract number of any government contract		<u>Carlsbad</u> <u>CA</u> <u>92011</u>
2.22	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Brian Chu</u> <u>Hyun Chong Chu</u> <u>13925 Lindendale Ln.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Chantilly</u> <u>VA</u> <u>20151</u>

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.23	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Burke International Insurance Group</u> <u>Christopher Burke</u> <u>5970 Funston St.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Hollywood</u> <u>FL</u> <u>33023</u>
2.24	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Capital Health Advisors</u> <u>Mario Callejas Jr.</u> <u>4300 N University Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Lauderhill</u> <u>FL</u> <u>33351</u>
2.25	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>CareOne Insurance Inc.</u> <u>Jonathan Silverstein</u> <u>4300 N University Dr., E103</u>
	State the term remaining		
	List the contract number of any government contract		<u>Lauderhill</u> <u>FL</u> <u>33351</u>
2.26	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Carl Johnson</u> <u>12401 Orange Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Davie</u> <u>FL</u> <u>33333</u>
2.27	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Christina Ching</u> <u>1313 N Milpitas Blvd., Suite 163</u>
	State the term remaining		
	List the contract number of any government contract		<u>Milpitas</u> <u>CA</u> <u>95035</u>
2.28	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Corey Tiger</u> <u>7388 NW 18th St., #105</u>
	State the term remaining		
	List the contract number of any government contract		<u>Margate</u> <u>FL</u> <u>33063</u>

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.29	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement _____ _____ _____	<u>Corinne Barraco</u> <u>8305 Sunrise Lakes Blvd., #112</u> _____ _____ <u>Sunrise</u> <u>FL</u> <u>33322</u> _____
2.30	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement _____ _____ _____	<u>Coverage One Insurance Group</u> <u>David Ettinger</u> <u>1901 West Cypress Creek Rd.</u> _____ _____ <u>Fort Lauderdale</u> <u>FL</u> <u>33309</u> _____
2.31	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement _____ _____ _____	<u>Darlen DeLeon</u> <u>2419 Presidente St.</u> _____ _____ <u>Stockton</u> <u>CA</u> <u>95210</u> _____
2.32	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	_____ Contract _____ _____ _____	<u>Data Partnership Group, LP</u> <u>4500 Hugh Howell Road</u> <u>Suite 620-B</u> _____ _____ <u>Tucker</u> <u>GA</u> <u>30084</u> _____
2.33	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement _____ _____ _____	<u>David Depablo</u> <u>901 Pennsylvania Ave., Suite 3-630</u> _____ _____ <u>Miami Beach</u> <u>FL</u> <u>33139</u> _____
2.34	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement _____ _____ _____	<u>Dax Lawrence Ventures</u> <u>Dax Lawrence</u> <u>1428 Beacon Hill Dr.</u> _____ _____ <u>Taylorsville</u> <u>UT</u> <u>84123</u> _____

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2.35	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Direct Health LLC</u> <u>Alec Buico</u> <u>7940 N Federal Hwy.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Boca Raton</u> <u>FL</u> <u>33487</u>
2.36	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>EAgent Direct Inc.</u> <u>Adam Awany</u> <u>725 SW 23rd Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Miami</u> <u>FL</u> <u>33129</u>
2.37	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Eli Baquero</u> <u>8043 W McNab Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Tamarac</u> <u>FL</u> <u>33321</u>
2.38	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Erick Valderrama</u> <u>7330 W 15th Ct.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Hialeah</u> <u>FL</u> <u>33014</u>
2.39	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Evelina Tejada</u> <u>9841 SW 1st Ct.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Plantation</u> <u>FL</u> <u>33324</u>
2.40	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Evelyn Sandier</u> <u>3007 Lightstar Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Houston</u> <u>TX</u> <u>77045</u>

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.41	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Family First Insurance Advisors
			Stephen Fingal
			350 Fairway Dr.
	State the term remaining		
	List the contract number of any government contract		Deerfield FL 33441
2.42	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Gail Neal-Williams
			3124 Garrow Dr., Suite 163
	State the term remaining		
	List the contract number of any government contract		Antioch CA 94509
2.43	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	George Gemmell
			22145 Cressmont Pl.
	State the term remaining		
	List the contract number of any government contract		Boca Raton FL 33428
2.44	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Gerson Petigny
			2950 W Cypress Creek Rd.
	State the term remaining		
	List the contract number of any government contract		Fort Lauderdale FL 33309
2.45	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Global Health and Life, LLC
			Uri Mike Chakchakov
			1500 W Cypress Creek Rd
	State the term remaining		
	List the contract number of any government contract		Fort Lauderdale FL 33309
2.46	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Great Health Choice
			Andres Suarez
			8043 W McNab Rd.
	State the term remaining		
	List the contract number of any government contract		Tamarac FL 33321

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.47	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Gregory Curtis</u> <u>325 West Washington Ave.</u>
	State the term remaining		
	List the contract number of any government contract		<u>San Diego</u> <u>CA</u> <u>92103</u>
2.48	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Gregory Saville</u> <u>1393 SE Madison Ave.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Stuart</u> <u>FL</u> <u>34996</u>
2.49	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Health Advisors of America Inc.</u> <u>Marsha Griffin</u> <u>5310 NW 33rd Ave., Suite 103</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33309</u>
2.50	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Health Benefits Direct LLC</u> <u>Mario Soto</u> <u>21300 NW 40th Circle Court</u>
	State the term remaining		
	List the contract number of any government contract		<u>Miami Gardens</u> <u>FL</u> <u>33055</u>
2.51	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Health First Solutions</u> <u>Daniel Dayan</u> <u>6360 NW 5th Way, Suite 202</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33309</u>
2.52	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Health Insurance Connect</u> <u>Steven Rubin</u> <u>2765 Vista Pkwy., Suite H2</u>
	State the term remaining		
	List the contract number of any government contract		<u>West Palm Beach</u> <u>FL</u> <u>33411</u>

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2.53	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Herminia Borge</u> <u>328 E Lake Ave.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Watsonville</u> <u>CA</u> <u>95076</u>
2.54	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Insurance Care Now</u> <u>Witfield Jean Baptisie</u> <u>1191 East Newport Center Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Deerfield Beach</u> <u>FL</u> <u>33442</u>
2.55	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Insurance For All Insurance Agency</u> <u>Mark Schneider</u> <u>81 NW 29th Terrace</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33311</u>
2.56	State what the contract or lease is for and the nature of the debtor's interest	TPA Servicing Agreement	<u>Insurety Capital, LLC</u> <u>600 Brickell Ave., Suite 1900</u>
	State the term remaining		
	List the contract number of any government contract		<u>Miami</u> <u>FL</u> <u>33131</u>
2.57	State what the contract or lease is for and the nature of the debtor's interest	Commission Assignment Agreement	<u>Insurety Capital, LLC</u> <u>600 Brickell Ave., Suite 1900</u>
	State the term remaining		
	List the contract number of any government contract		<u>Miami</u> <u>FL</u> <u>33131</u>
2.58	State what the contract or lease is for and the nature of the debtor's interest	Exclusive Management Services Agreement	<u>Insurety Capital, LLC</u> <u>600 Brickell Ave., Suite 1900</u>
	State the term remaining		
	List the contract number of any government contract		<u>Miami</u> <u>FL</u> <u>33131</u>

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2.59	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Jacob Brock
			413 Sarah Circle
	State the term remaining		
	List the contract number of any government contract		Roanoke TX 76262
2.60	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Jane Pascual
			95-061 Waikalani Dr.
	State the term remaining		
	List the contract number of any government contract		Mililani HI 96789
2.61	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Jason McDowell
			1835 S Perimeter Rd., #165
	State the term remaining		
	List the contract number of any government contract		Fort Lauderdale FL 33309
2.62	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Jennifer White
			3521 851 NW 33rd Ter.
	State the term remaining		
	List the contract number of any government contract		Fort Lauderdale FL 33311
2.63	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Jeri Hill Billow
			Jeri Billow
			6152 NW 74 Court
	State the term remaining		
	List the contract number of any government contract		Parkland FL 33067
2.64	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Jerry Cabebe
			114 Harbor Coast St.
	State the term remaining		
	List the contract number of any government contract		Las Vegas NV 89148

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.65	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>Jessiah Heaton</u> <u>180 S Lexington Dr.</u> <u>Folsom</u> <u>CA</u> <u>95630</u>
2.66	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>Jessica Rodriguez</u> <u>3425 Pinewalk Dr., Apt. 202</u> <u>Margate</u> <u>FL</u> <u>33063</u>
2.67	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>Jesus Gangi</u> <u>7257 W Touhy Ave., Suite 202</u> <u>Chicago</u> <u>IL</u> <u>60631</u>
2.68	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>John King</u> <u>350 Fairway Dr., #110</u> <u>Deerfield Beach</u> <u>FL</u> <u>33441</u>
2.69	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>John Rassman</u> <u>3980 W Broward Blvd.</u> <u>Fort Lauderdale</u> <u>FL</u> <u>33312</u>
2.70	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Producer Agreement 	<u>John Retureta</u> <u>6230 Mayo St.</u> <u>Hollywood</u> <u>FL</u> <u>33023</u>

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2.71	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Jorge Pena</u> <u>1960 SW 81st Ter.</u>
	State the term remaining		
	List the contract number of any government contract		<u>North Lauderdale</u> <u>FL</u> <u>33068</u>
2.72	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Joseph Lata</u> <u>8043 W McNab Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Tamarac</u> <u>FL</u> <u>33321</u>
2.73	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>JR Solutions</u> <u>Rita McDrano</u> <u>1500 Noble Ave., #2A</u>
	State the term remaining		
	List the contract number of any government contract		<u>Bronx</u> <u>NY</u> <u>10460</u>
2.74	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Juan Ruiz de Velasco</u> <u>737 Bluebonnet Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Grand Prairie</u> <u>TX</u> <u>75052</u>
2.75	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Justin O'Neill</u> <u>11555 Heron Bay Blvd., Suite 200</u>
	State the term remaining		
	List the contract number of any government contract		<u>Coral Springs</u> <u>FL</u> <u>33076</u>
2.76	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Kareem Mclean</u> <u>20533 Biscayne Blvd., #603</u>
	State the term remaining		
	List the contract number of any government contract		<u>Aventura</u> <u>FL</u> <u>33180</u>

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.77	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Karen Kolb
	State the term remaining		1100 N Beeline Hwy., Suite E
	List the contract number of any government contract		
			Payson AZ 85541
2.78	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Kevin Sant
	State the term remaining		6530 NW 29th St.
	List the contract number of any government contract		
			Sunrise FL 33313
2.79	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Kyle Minors
	State the term remaining		1 E Broward Blvd.
	List the contract number of any government contract		
			Fort Lauderdale FL 33301
2.80	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Larry Dearman
	State the term remaining		8340 NW 7th Ct.
	List the contract number of any government contract		
			Boca Raton FL 33487
2.81	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Lawrence Bradshaw
	State the term remaining		Lawrence J. Bradshaw
	List the contract number of any government contract		1107 Fair Oaks Ave. #189
			South Pasadena CA 91030
2.82	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Leon Martin
	State the term remaining		4411 NW 74th Ave.
	List the contract number of any government contract		
			Lauderhill FL 33319

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.83	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Liberty Health Solutions
			Daniel Selnick
			500 NE Spanish River Blvd., Suite 26
	State the term remaining		
	List the contract number of any government contract		Boca Raton FL 33431
2.84	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Major Key Marketing
			Samuel Woods
			6278 N Federal Hwy
	State the term remaining		
	List the contract number of any government contract		Fort Lauderdale FL 33308
2.85	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Mark LaFavre
			4341 Southern Ave.
	State the term remaining		
	List the contract number of any government contract		Dallas TX 75205
2.86	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Mark Nunn
			2825 Crescent Lake Dr.
	State the term remaining		
	List the contract number of any government contract		Little Elm TX 75068
2.87	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	MarketCentric Inc.
			Brandon Diggs
			2930 Barnard St.
	State the term remaining		
	List the contract number of any government contract		San Diego CA 92110
2.88	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Martin Carter
			15051 Royal Oaks Lane
	State the term remaining		
	List the contract number of any government contract		Miami FL 33181

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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2.89	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Matthew Panzer
	State the term remaining		1451 W Cypress Creek, Suite 300
	List the contract number of any government contract		
			Fort Lauderdale FL 33309
2.90	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Maxim Deravine
	State the term remaining		9054 SW 1st St.
	List the contract number of any government contract		
			Boca Raton FL 33428
2.91	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Michael Beharrie
	State the term remaining		1 E Broward Blvd., Suite 700
	List the contract number of any government contract		
			Fort Lauderdale FL 33301
2.92	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Michael Landis
	State the term remaining		1400 E. Newport Center Dr., #203
	List the contract number of any government contract		
			Deerfield Beach FL 33442
2.93	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Myhealthquote, Inc.
	State the term remaining		Stephen Moore
	List the contract number of any government contract		7 Tapestry Lane
			Newnan GA 30265
2.94	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Nancy Pritchett
	State the term remaining		1311 Corona
	List the contract number of any government contract		
			Norco CA 92860

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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2.95	State what the contract or lease is for and the nature of the debtor's interest	Association Membership Agreement	National Assoc. of Preferred Providers
			11111 Richmond Ave., #250
	State the term remaining		
	List the contract number of any government contract		Houston TX 77082
2.96	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	National Health Agents
			Gregory Robbins
			1500 Cypress Creek Rd. #206
	State the term remaining		
	List the contract number of any government contract		Fort Lauderdale FL 33309
2.97	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	National Plan Advisors
			Jeffrey Franzoni
			3403 Powerline Rd., Suite 805
	State the term remaining		
	List the contract number of any government contract		Fort Lauderdale FL 33309
2.98	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	NationsInsuranceQuote.com
			Danielle Bretti
			3694 Vallue Park Way
	State the term remaining		
	List the contract number of any government contract		Lake Worth FL 33407
2.99	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Net Health Affiliates Inc.
			Garfield Lee
			1811 Lyons Rd.
	State the term remaining		
	List the contract number of any government contract		Coconut Creek FL 33063
2.100	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Nonie Dubose
			6260 Westpark Dr.
	State the term remaining		
	List the contract number of any government contract		Houston TX 77057

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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2.101	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Normand Buillaume</u> <u>6346 Pinestead Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Lake Worth</u> <u>FL</u> <u>33463</u>
2.102	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Number One Health Ins. Agency Inc.</u> <u>Brandon Bowsky</u> <u>750 N Ocean Blvd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Pompano Beach</u> <u>FL</u> <u>33062</u>
2.103	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Octavious Hawkins</u> <u>190 NW 31st Ave.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33311</u>
2.104	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Paul Tyszkiewicz</u> <u>2260 Avenida De La Playa</u>
	State the term remaining		
	List the contract number of any government contract		<u>La Jolla</u> <u>CA</u> <u>92037</u>
2.105	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Paula Brown</u> <u>1100 Belcher Rd. S, Lot 345</u>
	State the term remaining		
	List the contract number of any government contract		<u>Largo</u> <u>FL</u> <u>33771</u>
2.106	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Pinnacle Consulting Group</u> <u>Sean Chapman</u> <u>531 N Ocean Blvd., #1808</u>
	State the term remaining		
	List the contract number of any government contract		<u>Pompano Beach</u> <u>FL</u> <u>33062</u>

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2.107	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Preminder Mahajan
			10831 Wellworth Ave.
	State the term remaining		
	List the contract number of any government contract		Los Angeles CA 90024
2.108	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Ralph Castillio
			2021 NW 136th Ave., #574
	State the term remaining		
	List the contract number of any government contract		Sunrise FL 33323
2.109	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Ramon Triana
			12908 Hyland Circle
	State the term remaining		
	List the contract number of any government contract		Boca Raton FL 33428
2.110	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Ramon Warren
			851 Three Islands Blvd., Apt. 311
	State the term remaining		
	List the contract number of any government contract		Hallandale FL 33009
2.111	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Renee Mucheschetere
			1114 Green Pine Blvd.
	State the term remaining		
	List the contract number of any government contract		West Palm Beach FL 33409
2.112	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	Rhodora Sarmiento
			1817 Capitol St.
	State the term remaining		
	List the contract number of any government contract		Vallejo CA 94590

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2.113	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Robert Guerriero</u> <u>20422 Harvest Oak Ct.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Tampa</u> <u>FL</u> <u>33647</u>
2.114	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Robert Sturchio</u> <u>510 Ocean Ave., Unit 7</u>
	State the term remaining		
	List the contract number of any government contract		<u>Long Branch</u> <u>NJ</u> <u>07740</u>
2.115	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Robert Sturchio</u> <u>55 Melrose Ter., Apt. 416</u>
	State the term remaining		
	List the contract number of any government contract		<u>Long Branch</u> <u>NJ</u> <u>07740</u>
2.116	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Safeguard Insurance Market, Inc.</u> <u>Renata Llanes</u> <u>1401 N Unviersity Dr., Suite 500</u>
	State the term remaining		
	List the contract number of any government contract		<u>Coral Springs</u> <u>FL</u> <u>33071</u>
2.117	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Sam Llanes</u> <u>11330 NW 68th Ct.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Parkland</u> <u>FL</u> <u>33076</u>
2.118	State what the contract or lease is for and the nature of the debtor's interest	Face to Face Agents	<u>See attached Schedule G-1</u>
	State the term remaining		
	List the contract number of any government contract		

Debtor American Workers Insurance Services, Inc.Case number (if known) 19-44208-mxm11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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2.119	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Sheena McDowell</u> <u>1835 S Perimeter Rd. #165</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33309</u>
2.120	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Shonnell Sinclair</u> <u>2010 NW 64th Ave.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Sunrise</u> <u>FL</u> <u>33313</u>
2.121	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Sierra Insurance LLC</u> <u>Jorge Sierra</u> <u>1000 W Pembroke Rd., Suite 208</u>
	State the term remaining		
	List the contract number of any government contract		<u>Hallandale</u> <u>FL</u> <u>33009</u>
2.122	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Tausief Mohamed</u> <u>6321 SW 20th St.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Miramar</u> <u>TX</u> <u>33023</u>
2.123	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Tavere Johnson</u> <u>2950 W. Cypress Creek Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33309</u>
2.124	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>The Green Group</u> <u>Angela Mirabella</u> <u>20271 SW Acacia St., #200</u>
	State the term remaining		
	List the contract number of any government contract		<u>Newport Beach</u> <u>CA</u> <u>92660</u>

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2.125	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>The HIC Group</u> <u>Seni Sok</u> <u>4960 NE 27th Avenue</u>
	State the term remaining		
	List the contract number of any government contract		<u>Lighthouse Point</u> <u>FL</u> <u>33064</u>
2.126	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Tiffany Richards</u> <u>2950 W Cypress Creek Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33309</u>
2.127	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Tiffany Rucker</u> <u>4121 E Busch Blvd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Tampa</u> <u>FL</u> <u>33617</u>
2.128	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Top Healthcare Options Ins. Agency</u> <u>Tiffanie Gonzalez</u> <u>8409 N Coral Circle</u>
	State the term remaining		
	List the contract number of any government contract		<u>North Lauderdale</u> <u>FL</u> <u>33068</u>
2.129	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Tri-Star Insurance Services LLC</u> <u>Maria Bracerros</u> <u>1752 E Bullard Ave.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fresno</u> <u>CA</u> <u>93710</u>
2.130	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Vanessa Osorio-Bedoya</u> <u>2950 W Cypress Creek Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fort Lauderdale</u> <u>FL</u> <u>33309</u>

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2.131	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Vincent Bellezza</u> <u>381 SW Ridgecrest Dr.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Port St. Lucie</u> <u>FL</u> <u>34953</u>
2.132	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>William John</u> <u>5301 N Federal Hwy., Suite 290</u>
	State the term remaining		
	List the contract number of any government contract		<u>Boca Raton</u> <u>FL</u> <u>33487</u>
2.133	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Yousuf Syed</u> <u>7830 NW 33rd St., Apt. 405</u>
	State the term remaining		
	List the contract number of any government contract		<u>Hollywood</u> <u>FL</u> <u>33024</u>
2.134	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Yung Wang</u> <u>1020 Meadow Glen Court</u>
	State the term remaining		
	List the contract number of any government contract		<u>Fairfield</u> <u>CA</u> <u>94533</u>
2.135	State what the contract or lease is for and the nature of the debtor's interest	Producer Agreement	<u>Yvonne Fidure</u> <u>1230 Spencer Rd.</u>
	State the term remaining		
	List the contract number of any government contract		<u>Warminster</u> <u>PA</u> <u>18974</u>

AWIS Schedule G-1

10 To 10 Dentistry	2500 WILSHIRE BLVD STE 1100	Los Angeles	CA	90057
2007 Msr	11111 RICHMOND AVE STE 200	Houston	TX	77082
21St Century Marketing Group	1231 N LAS PALMAS AVE APT 309	Los Angeles	CA	90038
A.B.National Marketing Partner	3100 MAIN ST STE 350	Dallas	TX	75226
Abdul S. Parzin Md Inc.	36242 INLAND VALLEY DR STE 200	Wildomar	CA	92595
Abha S. Gupta Md.	801 N TUSTIN AVE STE 201	Santa Ana	CA	92705
Abn	1636 LEE ROAD	Lithia Springs	GA	30122
Ada Salgado	744 Palm Ave	South San Francisco	CA	94080
Adam Garcia	2801 COCHRAN ST	Houston	TX	77009
Adam J Garnett	10511 NW 71ST ST	Tamarac	FL	33321
Adela Cabacungan	86-037 HOAHA ST	Waianae	HI	96792
Adolfo Flores	4371 SIRIUS AVE APT #4	Las Vegas	NV	89102
Advance Care Medical Group	1330 FULLERTON RD STE 288	Rowland Heights	CA	91748
Ae Sook Kang	723 MAKALEKA AVE	Honolulu	HI	96816
Affordable Health Insurance Ag Llc	4538 CENTERVIEW STE 126	San Antonio	TX	78228
Affordable Services 4 All, Llc	7900 103rd St. Ste. 13	Jacksonville	FL	32210
Affordable Services 4 Less, Llc	5549 FORT CAROLINE RD STE 178	Jacksonville	FL	32277
Agahan Optical	PO BOX 10024	Tamuning	GU	96931
Agustin Mena Garcia	13419 SARGENT AVE	Galt	CA	95632
Ahcm Family Care	10333 HARWIN SUITE	Houston	TX	77036
Ahcm National Benefits Association	11111 RICHMOND AVE # 200	Richmond	TX	77082
Aireen Aquino	9821 SEDONA SHRINE AVE	Las Vegas	NV	89148
Alan Couto	6286 PARK TER	Tobyhanna	PA	18466
Alejandro Orozpe	1372 sumbean circ. spc# 22	San Jose	CA	95122
Alex Bowles	4058 POINT CHURCH RD	Memphis	TN	38127
Alex Hong	15731 S WESTERN AVE	Gardena	CA	90247
Alexander Hong	43390 WHITEHEAD TERRACE	Ashburn	VA	20148
Alice Workey	3007 CHERRY SPRINGS DR	Missouri City	TX	77459
Alicia De Camarillo	2401 HAVERTOWN PL	Modesto	CA	95358
Alliance M.D.	343 FOREST AVE	Woodmere	NY	11598
Alma Perez	2534 Burgundy Dr	Livingston	CA	95334
Aloha Dental Center	99-128 AIEA HEIGHTS DRIVE	Aiea	HI	96701
Aloha Dental Practice	1799 N WATERMAN AVE STE D	San Bernardino	CA	92404
Amalia Arevalo Guitierrez	2801 Long View Road	Antioch	CA	94509
Amelia Lopez Gaspar	7553 Mountain Oak Way	North Highlands	CA	95660
America Lopez Ruiz	37409 Cherry Street Apt E	Newark	CA	94560
American Inheritance Insurance Center	153 Fieldwood	Irvine	CA	92618

American Vip	1351 WESTWOOD BLVD STE 113	Los Angeles	CA	90024
Amy Lee	5233 Park Vale Dr	Sugar Hill	GA	30518
Ana Isabel Garcia Zapien	17006 N Josey Ln Apt A	Carrollton	TX	75006
Ana Maria Aguilar Vidal	1058 South 5th St. APT # 226	San Jose	CA	95112
Ana Maritza Medrano Aguilar	1324 Lower Honcut Rd	Oroville	CA	95966
Ana Rivera	6610 PORTUGUESE BEND DR	Missouri City	TX	77459
Angela Hernandez	2519 BEGONIA ST	Union City	CA	94587
Angela Lii	531 W LAS TUNAS DR STE D	San Gabriel	CA	91776
Angelica Aquilar	13419 Sargent Avenue	Galt	CA	95632
Angelica Zapien	719 meadow st.	Bakersfield	CA	93306
Angie Gomez Alvarez	3501 Bradshaw Rd. #62	Sacramento	CA	95827
Anmercil Canoneo	P O BOX 1833	Honolulu	HI	96805
Anna Gonzalez	921 nw 41 ave	Miami	FL	33126
Anna Lam	1155 SPOKANE DR	San Jose	CA	95122
Anselmo Gaspar Nicolas	7553 Mountain Oak Way	North Highlands	CA	95660
Anthony Gonzales	3637 Snell Ave. #181	San Jose	CA	95136
Anthony Scroggins	PO BOX 773247	Houston	TX	77215
Anthony Turner	13122 ABIDE DR	Houston	TX	77085
Antoinette Messana	7555 KATY FWY APT 136	Houston	TX	77024
Antonia Aguilar	801 ROOSEVELT AVE	Reedwood City	CA	94061
Antonio Rodriguez	1225 Hollowell Street	Ontario	CA	91762
Ardell Tall	5920 N SAM HOUSTON EAST APT# 101A	Humble	TX	77396
Arlene Agoncillo	5490 LA SIERRA AVE	Riverside	CA	92505
Arlene Agoncillo	PO. BOX 1538	Cedar Park	TX	78630
Arlene Nakasone	1617 Kapiolani Blvd Unit 1405	Honolulu	HI	96814
Austin Yearwood	PO BOX 8151	Anaheim	CA	92812
Auzzie Poole	17 WINDING RD	Newark	DE	19702
Barbara Lowe	12410 N RACHLIN CIR	Houston	TX	77071
Bd Hahn-Gynecology	330 W MARINE DRIVE SUITE #2	Dededo	GU	96929
Beatrice Loo	915 NORTH KING STREET	Honolulu	HI	96817
Belma Dollaga	27678 HAVANA AVE	Hayward	CA	94544
Ben Benjamin	3500 KEE LANE	Modesto	CA	95355
Ben Ellis	PO BOX 88	Lake City	FL	32056
Ben Malabanan Jr.	2011 ROUTE 16 SUITE 202	Dededo	GU	96912
Benefits Plus	335 ARISTOTLE ST	Simi Valley	CA	93065
Benito Farfan	5155 E Grant ave	Fresno	CA	93727
Bernardina Oliva	8931 North El Dorado	Stockton	CA	95210

Bernardo Morales	3473 Rancho Rio Way	Sacramento	CA	95834
Bertha Berlanga	1640 Tyrol Ln Apt 17	Stockton	CA	95207
Betty Toledo	3235 GLENWOOD AVE	Toledo	OH	43610
Beverly Blankenship	940 Waterford Av.	Stockton	CA	95206
Bewley Mae	21060 WOODSPRING AVE	Boca Raton	FL	33428
Bianca Johnson	2975 TREAT BLVD STE A4	Concord	CA	94518
Bj Lava 808 Llc	2097 A 10TH AVE	Honolulu	HI	96816
Black Mounain Chiro	9225 MIRA MES BLVE SUITE 206	San Diego	CA	92126
Blanca Erika Chavez	2731 Erringer Rd apt 23	Simi Valley	CA	93065
Bok Hyun Oh	1100 Oakmont Drive #3	San Jose	CA	95117
Bolt Insurance Services	9542 p st	Live Oak	CA	95953
Bong Chang	3671 W 6 TH ST	Los Angeles	CA	90020
Brandon Coleman	14410 DUNROBIN WAY	Sugarland	TX	77498
Brandon Lim	22119 FAIR GARDEN LN	Clarksburg	MD	20871
Brandon Siragusa	2975 TREAT BLVD STE A4	Concord	CA	94518
Brian Wang	3033 Moore Park Ave # 25	San Jose	CA	95117
Bristol Family Dental Center	2618 S BRISTOL ST	Santa Ana	CA	92704
Bristol Medical Center	2740 S BRISTOL ST STE 208	Santa Ana	CA	92704
Bruno Collazo	4115 MCKINLEY AVE	Groves	TX	77619
Bryan Ragle	7429 KALAMAZOO DR	Citrus Heights	CA	95610
Buja Gu	7447 Little River Tupk #203	Annandale	VA	22003
C&M Enterprise	433 SYLVAN AVE #120	Mountain View	CA	94041
C&M Enterprise 2	433 SYLVAN AVE #120	Mountain View	CA	94041
C.B. Walters	PO BOX 13957	Odessa	TX	79768
California Om & Acupuncture	2828 BEVERLY BLVD	Los Angeles	CA	90057
Calvin Johnson M.D. Inc	4981 EAGLE ROCK BLVD	Los Angeles	CA	90041
Candelario Ramos	1775 S STOCKTON ST	Stockton	CA	95206
Carla Castleberry	PO BOX 33	Spring	TX	77383
Carlos Holguin	1136 UNION MALL	Honolulu	HI	96813
Carmen Julieta Arellano Reyes	3630 E Owens Ave. Apt. 2072	Las Vegas	NV	89120
Carolyn Nichols	15703 HERITAGE FALLS DR	Friendswood	TX	77546
Casey Bewley	21060 WOODSPRING AVE	Boca Raton	FL	33428
Cathy Bohgermino	21661 CASA MONTE CT	Boca Raton	FL	33433
Cecilia Miramontes	302 E Permian Drive	Hobbs	NM	88242
Center For Family Health	6280 JACKSON DR STE 8	San Diego	CA	92119
Central Medical Clinic	330 WEST MARINE DRIVE	Dededo	GU	96929
Cerelita Encinias	653 S MEREDITH DR	Pueblo West	CO	81007

Cha Vue	52 Scoles Ct	Sacramento	CA	95838
Chae-Chul Choi	610 WHITE OAK DR	Newnan	GA	30265
Chaekyoung Park	3705 Foxfield Lane	Fairfax	VA	22033
Chang Min Choi	7753 Patriot Dr # 42	Annandale	VA	22003
Chang Moon	433 SYLVAN AVE APT# 120	Mountain View	CA	94041
Charlene Song Md Ob/Gyn	266 S HARVARD BLVD STE 205	Los Angeles	CA	90004
Charles Henri	20105 DOLPHIN AVE	Lynwood	IL	60411
Charles Lee	6315 FRENCHMENS DR	Alexandria	VA	22312
Charles Rea	948 W 3RD ST # 9	Erie	PA	16507
Charles Shim	833 S WESTERN AVE #27	Los Angeles	CA	90005
Cherrina Yoon	491 Saratoga Avenue	San Jose	CA	95129
Cherry Gil	9700 Ramo Road	Santee	CA	92071
Cheryl Bean	140 FOREST ST	Kountze	TX	77625
Chilan Lu	1230 Halford #1	Santa Clara	CA	95051
Chin Pae Kim	100 Buckingham Drive #101	Santa Clara	CA	95051
Chip Garcia	505 Indiana Avenue	Sacramento	CA	95833
Chong Am Lee	1340 DABNEY HOUSE RD	Vernon Hill	VA	24597
Chong Cha Ham	3033 Moore Park Ave # 25	San Jose	CA	95117
Chong Sik Im	2326 WORRALL HILL DR	Duluth	GA	30096
Choon How Tan	2733 GLENHURST PL	West Covina	CA	91792
Choon Sung Acup & H. Group Inc.	15033 ALONDRA BLVD	La Mirada	CA	90638
Chrisalorus Jackson	10030 SAGECOURT DR	Houston	TX	77089
Christina Pritchett	2975 TREAT BLVD STE A4	Concord	CA	94518
Christopher Stewart	1051 FALLEN LEAF RD	Arcadia	CA	91006
Chuck Kim	7800 COMMONWEALTH AVE #205	Buena Park	CA	90621
Chun Xiu Liang	46 23 215ST #2FL	Bayside	NY	11361
Chung Choi	433 SYLVAN AVE APT# 120	Mountain View	CA	94041
Chung Im Choi	433 SYLVAN AVE SPC#120	Mountain Vew	CA	94041
Chung Lee	2500 PLEASANT HILL RD APT# 1013	Duluth	GA	30096
Chung Yeom	105 Lincoln Road	Collegeville	PA	19426
Cindy Lewis	5643 MILLER COUNTY 2	Doddridge	AR	71834
Clara Delgado	PO BOX 472261	Charlotte	NC	28247
Claudia Valeriano	8284 White Sands way	Sacramento	CA	95828
Cletus Udeh	2457 US HIGHWAY 80 E APT 247	Mesquite	TX	75150
Concepcion Martinez	503 ozark cir	Sacramento	CA	94834
Connie Im	120 East 20th Avenue	Sanmateo	CA	94403
Consuelo Concha Imana	301 E 45th ST APT C-27	Vancouver	WA	98663

Contact Concepts	16350 PARK TEN PL STE 212	Houston	TX	77084
Corinthian White	38 Union Ave	Irvington	NJ	07111
Cornerstone Marketing	315 PARK AVE STE 200	Portland	ME	04102
Cornet Zeigler	27 CLAREMONT AVE	Mount Vernon	NY	10550
Cosvi Program	PO BOX 363428	San Juan	PR	00936
Courtney Gordon	2975 TREAT BLVD STE A4	Concord	CA	94518
Craig Castillo	1060 MARTIN ST	Houston	TX	77018
Cristela Salas	11563 WILCREST DR	Houston	TX	77099
Cristian Mendez	11211 KATY FWY STE 335	Houston	TX	77079
Cristina Avalos	6418 B Third Street	Riverbanks	CA	95367
Cristuto Genobaga	1615 5th Place	Las Vegas	NV	89104
Crosby Association	LONDONDERRY COMMONS STE 112	Londonderry	NH	03053
D.D.S Moon Hye Woon	3323 W OLYMPIC BLVD STE 109	Los Angeles	CA	90019
Daigre Southern- James T. Wood	527 EDDIE ROBINSON SR DR	Baton Rouge	LA	70802
Dang Ro Lee	3374 Nadia Loop	Woodbridge	VA	22193
Daniel Dario Martinez Garduno	3875 KLAMATH WAY	Napa	CA	94558
Daniel Jung	1414 South Gramercy Place #11	Los Angeles	CA	90019
Daniel Vargas	94-489 Alapoai Street	Mililani	HI	96789
Danny Benjamin	7515 SHELTON RD #7102	Elk Grove	CA	95758
Daryn Young	1001 RENO AVE STE 1B	Modesto	CA	95351
David Allan Harris	777 Karchner	Lincoln	CA	95648
David Han	901 S GRAMACY DRIVE # 403	Los Angeles	CA	90019
David Hecker	3010 LATONIA ST	Longview	TX	75605
David Hur	1135 S LAKE ST	Los Angeles	CA	90006
David L Koontz	560 SPINNAKER LN	Longboat Key	FL	34228
David Molina	828 GRAND VIEW LANE	La Puente	CA	91744
David Roth	20115 CYPRESSWOOD GLEN	Spring	TX	77373
Daw Sein Tin	22139 59TH AVE FL 2	Oakland Gardens	NY	11364
Debbie Ryan	4424 KADOTA ST	Simi Valley	CA	93063
Delca Abrego	302 EAST BEACH	Watsonville	CA	95076
Delia Del Hoyo	2498 CRESSEY WAY	Atwater	CA	95301
Delina Johnson	14117 HUBBARD ST STE M	Sylmar	CA	91342
Denise Brown	1616 EMANUEL ST	Georgetown	SC	29440
Dennis Lewis	8766 GUINEVERE ST	Houston	TX	77029
Dental Care Kapolei	91-525 FARRINGTON HIGHWAY	Kapolei	HI	96707
Dental Care Professionals Of Hawaii, Inc.	1136 UNION MALL	Honolulu	HI	96813
Derek Anthony Lewis	110 LOCKWOOD AVE STE 101	New Rochelle	NY	10801

Derren Tzou	2207 21st Avenue	San Francisco	CA	94116
Desiree Rada	1100 Howe Ave. Apt 252	Sacramento	CA	95825
Diamond Marketing Group Llc	PO BOX 193	Lawton	OK	73502
Diana Gomez	1079 WEST MAIN ST	Turlock	CA	95380
Diana Marin	1051 RAILROAD AVE	Winters	CA	95694
Daniel Jimenez	845 S HARBORD BLVD	Anaheim	CA	92805
Diemchi Nguyenphuc	555 E PCH APT 101	Long Beach	CA	90806
Diosdado Cervania	6624 Valley High Drive	Sacramento	CA	95823
Dodridge K Linton	4186 DUNMORE RD	Decatur	GA	30034
Dok Yong Kim	421 West Glendon Way	Alhambra	CA	91803
Donald Breaux	5907 EASTER ST	Houston	TX	77091
Donald Brown	1332 PALISADES DR	Bolingbrook	IL	60490
Donald Fruin	4914 MORNING MOUNT LN	Katy	TX	77449
Donald R Roach	113 S ELM ST	Bunkie	LA	71322
Dong Han	901 S GRAMACY DRIVE # 403	Los Angeles	CA	90019
Dong Won	888 Saratoga Avenue #201	San Jose	CA	95129
Doojin Kang	5895 Camden Avenue	San Jose	CA	95124
Doori Llc	2500 PLEASANT HILL RD APT# 1013	Duluth	GA	30096
Doris Dixon	11111 RICHMOND AVE STE 200	Houston	TX	77082
Doy Pierre	2900 14TH ST N STE 44	Naples	FL	34103
Dr. George B. Hanna Dds.	8914 S VERMONT AVE	Los Angeles	CA	90044
Dr. Lee Dentistry	1674 PACIFIC COAST HWY	Harbor City	CA	90710
Duck Rye Lee	4642 CONWELL DR	Annandale	VA	22003
Earl Redding Iii	2975 TREAT BLVD STE A4	Concord	CA	94518
Earnest Lai	915 NORTH KING STREET	Honolulu	HI	96817
Edgar Dalit	2236 KALIHI STREET	Honolulu	HI	96819
Edgar Manzano	PO BOX 437	Hughson	CA	95326
Edison Nuque	171 Bruno Avenue #1	Daly City	CA	94014
Edson Pacheco	9919 Canoga Avenue # 104	Chatsworth	CA	91311
Eduardo E Rebolledo	427 LAKE ST	Newark	NJ	07104
Eduardo Lopez	PO BOX 390572	Mountain View	CA	94039
Eduia M. Yorobe Md.	10850 BAROQUE LN	San Diego	CA	92124
Eduviges Garcia	1108 SYMPHONY WAY	Modesto	CA	95351
Eduwiges Hernandez	23 WESTERN DRIVE	Watsonville	CA	95076
Edward Arroyo	2975 TREAT BLVD STE A4	Concord	CA	94518
Edward Im	1031 Nimitz Drive	Daly City	CA	94015
Edwin Rincon	9597 JONES RD SUITE 366	Houston	TX	77065

Eileen Kim	441 N Wildwood	Hercules	CA	94547
Elaine Mesinas	94-748 D HIKIMOE STREET	Waipahu	HI	96797
Elena Rivera	6715 Pokeewood Street	Las Vegas	NV	89148
Elia Pena Cruz	521 West Hatch Road #1	Modesto	CA	95351
Eliad Yi	4046 Drew Terrace	Fremont	CA	94538
Elidia Moreno	37470 State Hwy 16	Woodland	CA	95695
Elisa Inocencio	94 971 KAHUAMOKU ST # 311	Waipahu	HI	96797
Ella Sanders	11111 RICHMOND AVE STE 201	Houston	TX	77082
Ellis Menchaca Jr	P.O. BOX 2450	Uvalde	TX	78802
Elpidio Torres Pineda	1561 ORANGEWOOD DR.	San Jose	CA	95121
Emma Barahona Paz	3015 ROLLINGWOOD DR	San Pablo	CA	94806
Ena Prado	231 EDNA ST	San Francisco	CA	94112
Endelicia Tovar	5061 NUNES RD SPACE #4	Turlock	CA	95382
Enrique Dominguez Galvan	202 West 8th street apto 2	Plainfield	NJ	07060
Enrique Esparza	13419 Sargent Ave	Galt	CA	95632
Enrique Limon	13419 Sargent Avenue	Galt	CA	95632
Epifania Banderas	1248 myrtle dr.	Upland	CA	91786
Eric Muroka	1136 UNION MALL	Honolulu	HI	96813
Erika Castillo	8121 Pavia Way	Sacramento	CA	95823
Erika Gartman	16615 CASTLE FRASER DR	Houston	TX	77084
Erika Marcela Garcia Chavez	8949 EL ORO PLAZA DR	Elk Grove	CA	95624
Erika Pratt	2975 TREAT BLVD STE A4	Concord	CA	94518
Erika Reyes	9623 MEADOWBRIAR LN	Houston	TX	77063
Erika Vazquez	55 TAYLOR WAY	Sacramento	CA	95819
Ernell Willis	3309 W MONTEBELLO AVE	Phoenix	AZ	85017
Ernesto T Salas Md.	27699 JEFFERSON AVE	Temecula	CA	92590
Ervin Thomas	15210 LAKEWOOD FOREST DR	Houston	TX	77070
Esperanza Javier	94 493 HIWAHIWA WAY	Waipahu	HI	96797
Esperanza Morfin	220 ALLPORT DR	Galt	CA	95632
Esther Barahona	106 20 50 AVE APT 1	Corona	NY	11368
Euljae Lee	888 Saratoga Avenue	San Jose	CA	95129
Eun Young Son	6323 Betsy Ross Court	Centreville	VA	20121
Eusook Kim	9896 N. Cedar Ave	Fresno	CA	93720
Evelyn Sandifer	3007 LIGHTSTAR DR	Houston	TX	77045
Evelyn Subia	1652 hauiki st.	Honolulu	HI	96819
Eye Bank Optometry	3770 WILSHIRE BLVD	Los Angeles	CA	90010
Ezzat Nashed	16200 BEAR VALLEY RD STE 102	Victorville	CA	92395

Fabian Rodriguez	PMB 408 PO BOX 4952	Caguas	PR	00726
Fabiola Rios	7100 ming ave apt. c	Bakersfield	CA	93309
Fairfax Foot & Ankle Ctr. Pc	FAIRFAX MEDICAL CTR 10721 MAIN STRE	Walnut Park	CA	90255
Family Care - Awis	11111 RICHMOND AVE STE 200	Houston	TX	77082
Family Care Network Jerry Bush	PO BOX 5702	Granbury	TX	76049
Family Dental Care	1327 LONG BEACH BLVD	Long Beach	CA	90813
Family Health Care Of So Ca	32235 MISSION TRL RD SUITE 6-7&B6	Lake Elsinore	CA	92530
Family Medical Center	26781 PORTOLA PKWY STE 4E	Foothill Rnch	CA	92610
Family Medical Group	205 W GRANGER AVE	Modesto	CA	95350
Family-4	115 HOLLYBROOKE DR	Langhorne	PA	19047
Fanny Mayo	3334 Page Street	Redwood City	CA	94063
Fashion Eyes Optometry	17188 COLIMA RD	Hacienda Heights	CA	91745
Fatima Aguilar	14725 TITUS ST # 15	Panorama City	CA	91402
Felipa Aguilar	1648 Waverly Avenue	San Jose	CA	95122
Feng Shen	3033 Moorpark Avenue #25	San Jose	CA	95117
Fernando Lizarazu	1445 LAKESIDE ESTATES DR APT 2813	Houston	TX	77042
Fidel Chagala	603 GLIDE AVE ESPACIO #19	West Sacramento	CA	95691
Florence Manayan	1319 GULICK AVE	Honolulu	HI	96819
Florinda Oliva Cruz	121 N HEBBRON AVE	Salinas	CA	93905
Fontana Clinica Medica Familiar	17695 ARROW BLVD	Fontana	CA	92335
Fortune Financial Services	2304 SAND RD	Vernon	TX	76384
Francisco Gatica	985 VERMONT ST	San Jose	CA	95126
Francisco Marquez	3143 maple ave	Oakland	CA	94602
Francisco Palafox Pena	P.O BOX # 418	Fairfield	CA	94533
Frank S. Cline	PREMIER MARKETING ALLIANCE	Arlington	TX	76011
Frank Suwarski	2975 TREAT BLVD STE A4	Concord	CA	94518
Fred Brown	8872 CRUMPLER COVE	Olive Branch	MS	38654
Gabriela Garcia	2352 VILLANOVA CR APT# 1	Sacramento	CA	95825
Gabriela Garcia	3332 Jayanne way	Carmichael	CA	95608
Gail Edwards	2515 Eastman Lane	Petaluma	CA	94952
Garcia Optical	674 HARMON LOOP RD STE 113	Dededo	GU	96929
Gary Mialocq	PO BOX 662	Camp Verde	AZ	86322
George Gaskins	606 WILLIAMSBURG DR	Tarboro	NC	27886
Georgina Gabriela Luna	608 Mckinley ave. Apt#3	Woodland	CA	95695
Gil Dia	142 East Bonita Avenue # 56	San Dimas	CA	91773
Gilbert Garcia	3244 Brookside rd .Suite 140	Stockton	CA	95219
Gilbert Medical Group	9535 GARDEN GROVE BLVD STE 104	Garden Grove	CA	92844

Gilok Lim	3033 Moor Park Ave # 25	San Jose	CA	95117
Gladys Arellano	3930 Clear Acre Lane #124	Reno	NV	89512
Glenda Bough	2222 WATT AVE STE # D-3	Sacramento	CA	95825
Glenn Hanada	915 NORTH KING STREET	Honolulu	HI	96717
Golden Town Investments Inc	2917 MONROE PL	Falls Church	VA	22042
Gonzalo Rivas Servin	5195 Mack road Apt #261	Sacramento	CA	95823
Good Hands P.C.	3139 S YALE AVE	Tulsa	OK	74135
Good Mornings Acupuncture	942 S NEW HAMPSHIRE AVE	Los Angeles	CA	90006
Grace Acupncture Medical	960 S WILTON PL	Los Angeles	CA	90019
Greater Benefits Sevices Llc	15911 Fleetwood Oaks Dr	Houston	TX	77079
Greater Life	3689 MIDWAY DR STE G	San Diego	CA	92110
Greg Richey	5100 BEECH ST	Bellaire	TX	77401
Gregorio Martinez Basilio	8572 Villaview dr	Citrus Heights	CA	95621
Griselda Aguilar	21731 CHONA COURT	San Jose	CA	95120
Group Allied Financial	15455 STE 600 DALLAS PKWY	Addison	TX	75001
Gsdgsgd Sdgsdsg	sdfgs	Sdfgs	TX	77079
Gu Sung Medical Center	2323 W 8TH ST STE 101	Los Angeles	CA	90057
Guadalupe Esparza	13419 SARGENT AVE	Galt	CA	95632
Guadalupe Maribel Rodriguez Garcia	18054 BRIGHTMAN AVE	Lake Elsinore	CA	92530
Guadalupe Martinez	1112 E GRAND RD	El Nido	CA	95317
Guadalupe Rojas	1276 WAWONA ST.	Manteca	CA	95337
Guam Polyclinic	138 YPAO RD	Tamuning	GU	96913
Guillermina Torres	521 W HATCH # 3	Modesto	CA	95351
Ha Son Nguyen	9500 BOLSA AVE STE P	Westminster	CA	92683
Hae Hong	6025 HALLECK PLACE	Stockton	CA	95219
Hae Kyun Shin	16715 Cobbleston Ct	Cerritos	CA	90703
Hae-Rha Lim	22119 FAIR GARDEN LANE	Clarksburg	MD	20871
Hagop Kazizian	12610 RIO BRAVO ST	Rosharon	TX	77583
Han Joong Acupuncture	4753 BEVERLY BLVD	Los Angeles	CA	90004
Han Kim Chiropractic	122 S ST ANDREWS PL APT 105	Los Angeles	CA	90004
Han Sung Acupuncture	12923 BROOKHURST WAY	Garden Grove	CA	92841
Hang Nguyen	3415 GOLDERS GREEN DR	Houston	TX	77082
Harriet Flordeliz Baclagan	830 Raleigh St. Apt. C	Glendale	CA	91205
Harry Yim	2885 GINGERWOOD CIR	Fullerton	CA	92835
Hasung Lee	3663 W 6TH ST STE 303	Los Angeles	CA	90020
Healthcare Affordable Family	4141 BALL RD STE 463	Cypress	CA	90630
Healthcare Nu Horizon	925 CENTINELA AVE APT 3	Inglewood	CA	90302

Heather Gentry	8870 Adams Flat Road	Brookshire	TX	77423
Heather Hyun Han	1345 EMERALD DR # 211	Los Angeles	CA	90026
Hector Vallejo	2902 HAPNER ST	Harlingen	TX	78550
Hee Y. Oh	19036 COLIMA RD STE D	Rowland Heights	CA	91748
Helen Kim	868 Fargo Ave #D205	San Leandro	CA	94579
Helen Sapla	88 PAKALANA STREET	Hilo	HI	96720
Henry Montalvo	472 7TH AVE	Brooklyn	NY	11215
Henry Williams Jr	961 BENCHFIELD	Houston	TX	77091
Herber Mathews	8720 Waverly Ave	Kansas City	KS	66109
Herminia Borge	328 East Lake Ave	Watsonville	CA	95076
Hi Sung Yun	615 Bolton Court #2	San Jose	CA	95029
Hiep Phan	15692 WILLOW RUN DR	Chino Hills	CA	91709
High Expectation	1207 BLACKHAWK RIDGE CT	Rosenberg	TX	77471
Hilda Dera	170 Coral Drive	Woodland	CA	95695
Hipower Promotions	251 N DUPONT HWY STE 106CC	Dover	DE	19901
Hnh Marketing	22119 FAIR GARDEN LANE	Clarksburg	MD	20871
Ho Jun Park	735 Friras Head Dr	Suwanee	GA	30024
Ho Kang Kim	888 Saratoga Avenue #201	San Jose	CA	95129
Holly Schinagle	45 BELL ST	Chagrin Falls	OH	44022
Hortensia Villegas	421 MARTINELLI STREET	Watsonville	CA	95076
Htl Marketing	22119 FAIR GARDEN LANE	Clarksburg	MD	20871
Huitu Im	120 E 20th Avenue	San Mateo	CA	94403
Hyang Chann	288 WEST LUCITA WAY	Mountain House	CA	95391
Hyang Ok Ree	840 SARATOGA AVE, APT#D309	San Jose	CA	95129
Hye Jong You	3304 Willow Cresent Drive Apt 32	Fairfax	VA	22030
Hye Ryung Kim	10804 SUNSET RIDGE DR	San Diego	CA	92131
Hye Yu	4882 CHALMETTE PARK CT	Fremont	CA	94538
Hyun Cho	1650 Palm Avenue #3	San Mateo	CA	94402
Hyun Chu	PO BOX 212	Annandale	VA	22003
Hyun Joo Lee	5607 CASTLEBURY CT	Burke	VA	22015
Hyun Moon	233 8TH ST FL 2	Palisades Park	NJ	07650
Hyun Seung Song	3798 Hancock Dr	Santa Clara	CA	95051
Hyun Soon Moon	212 S. UNION AVE #302	Los Angeles	CA	90026
Hyung Cha	6302 Story Cir	Norcross	GA	30093
Hyung Lim	22119 FAIR GARDEN LN	Clarksburg	MD	20871
Hyung Taek Lim	22119 FAIR GARDEN LN	Clarksburg	MD	20871
Hyunjoon Kang	409 Evelyn Ave # 214	Albany	CA	94706

Ifsea	INTERNATIONAL FOOD SERVICE EXECUT	Margate	FL	33068
In Cha Chung	14075 E. 14th Street	San Leandro	CA	94578
In Kang	9008 LAUREL STREET	Bellflower	CA	90706
Inc Bransom Associates	903 OLD ROSSVILLE RD	Lewisberry	PA	17339
Inc Nationwide Media	1835 NEWPORT BLVD STE A	Costa Mesa	CA	92627
Ingrid Cazzalli	1912 HOLLISTER ST	Ceres	CA	95307
Insurance Agency Big Country	301 N WILLIS ST	Abilene	TX	79603
Insurance Co. G. Amie	121 LAKEWIND DR	Lufkin	TX	75901
Insurance Sunny Days	741 CAMBRIDGE	Plano	TX	75023
International Benefits System	1723 PARKLAKE VLG	Katy	TX	77450
Irene Rivera	29 A West Florimond Drive	Calusa	CA	95932
Irma Garcia	306 LOWELL WAY	Manteca	CA	95336
Irma Morales	3473 RANCHO RIO WAY	Sacramento	CA	95834
Irvin Brown	1717 TEMI DR	Waldorf	MD	20601
Irvine Naeun Medical Center	4840 IRVINE BLVD STE 203	Irvine	CA	92620
Isabel Cisneros	285 W 4th Street	Stockton	CA	95206
Isabel Lozano	770 N WINCHESTER BLVD APT# 15	San Jose	CA	95128
Isaura Lizeth Ramos Gomez	780 Priddy dr.	Dixon	CA	95620
Island Surgical Center	633 GOV CARLOS G CAMACHO RD STE 20	Tamuning	GU	96913
Israel Siguenza	3150 HILLVIEW DR. NORTH	Chino	CA	91710
Itc Clinic	590 SOUTH MARINE DRIVE SUITE 126	Tamuning	GU	96913
Izagg	1595 MOUNT LEBANON RD	Cedar Hill	TX	75104
J Fernando Alias Md.	1401 SPANOS CT	Modesto	CA	95355
J R P Inc	P O 832	Wayzata	MN	55391
J Raymundo Aguirre Rodriguez	2263 Craig Avenue	Sacramento	CA	95832
J.R. Sturich M.D.	3300 E SOUTH ST STE 305	Lakewood	CA	90805
Jacqueline Baca Cruz	654 BROOKS AVE	Yuba City	CA	95991
Jae Boon Lee	602 Fairview Avenue #16	Arcadia	CA	91007
Jae Im Yoo	3901 ROXFIELD DR	Buford	GA	30518
Jae J. Kim Dds	17476 COLIMA RD	Rowland Heights	CA	91748
Jae Lee	5452 SPEY CT	Alpharetta	GA	30022
Jaime Mendoza Gonzalez	9014 N EL DORADO ST	Stockton	CA	95210
Jaine Billieu	109 W RANDOL MILL RD STE 102	Arlington	TX	76011
James Baker	915 NORTH KING STREET	Honolulu	HI	96817
James Carson	PO BOX 310670	Detroit	MI	48231
James Carvin	789 COTTON BAY DR E APT 2712	West Palm Beach	FL	33406
James Cho	1245 WILSHIRE BLVD STE 917	Los Angeles	CA	90017

James Clinton Mcfadden	1074 RALPH AVE FL 2	Brooklyn	NY	11236
James J Durham Jr.	6 SEDGEWICK CIR	South Windsor	CT	06074
James Jhung	3435 Wilshire Blvd #320	Los Angeles	CA	90010
James Jhung	1881 West Jefferson Blvd #203	Los Angeles	CA	90018
James Linkin	11511 113TH ST N # 34 B	Largo	FL	33778
James Novak	316 25TH ST	San Diego	CA	92102
James Paul Almosara	94 133 PAHU ST	Waipahu	HI	96797
James Stewart	1051 FALLEN LEAF RD	Arcadia	CA	91006
James Turner Insurance	1377 LORRAINE LANE	Kaufman	TX	75142
James Zatezalo	2975 TREAT BLVD STE A4	Concord	CA	94518
Jane Leilani Pascual	95-061 Waikalani Drive D801	Mililani	HI	96789
Janet Chung	16884 E 14th Street	San Leandro	CA	94578
Janeth Sierra	PO BOX 578455	Modesto	CA	95357
Jang Ko	3295 El Camino Real	Santa Clara	CA	95051
Jang Woo Whi	2831 Flores Street #104	San Mateo	CA	94403
Jason Lee	3876 Bradwater ST	Fairfax	VA	22031
Javier Celis	13633 Doty Ave. Apt 18	Hawthorne	CA	90250
Javier Garces	PO BOX 211221	South Daytona	FL	32121
Jayoung Sa	1037 E 22ND ST	Los Angeles	CA	90011
Jc America Enterprises	8419 BROOKLYN RD	Sacramento	CA	95829
Jean Lee	3561 Homestead Road #463	Santa Clara	CA	95051
Jeanette Crummedyo	PO BOX 925	Missouri City	TX	77459
Jeannette Detrinidad	249 N PALM AVE APT# D	Upland	CA	91786
Jeff Bradshaw	1107 FAIR OAKS AVE # 189	South Pasadena	CA	91030
Jefferson Suh	321 N. KENMORE AVE #213	Los Angeles	CA	90004
Jeffrey Thomas	9850 GENESEE AVE STE 910	La Jolla	CA	92037
Jennifer Mcleod	1356 E 48TH ST	Brooklyn	NY	11234
Jennifer Tan-Heahlke	915 NORTH KING STREET	Honolulu	HI	96817
Jenny Andrea Veira Mejia	1025 MCKAY DR #26	San Jose	CA	95131
Jenny Jeongwon Oshima	2264 Maximilian Drive	Campbell	CA	95008
Jeom Soon Yun	1812 BRIARWOOD CIR	Milledgeville	GA	31061
Jericho Amaroso	515 GOLDEN SPUR CIRCLE	Walnut	CA	91789
Jerry Bush	4900 RIO VISTA DR	Granbury	TX	76049
Jessica Cho	2080 CENTURY PARK E STE 909	Los Angeles	CA	90067
Jessica Lim	10540 Randy Lane	Cupertino	CA	95014
Jessica R. Powers	14 BLAKES HILL RD	Westford	MA	01886
Jessica Ross	2975 TREAT BLVD STE A4	Concord	CA	94518

Jessica Whipple	2975 TREAT BLVD STE A4	Concord	CA	94518
Jessie Simmons	4000 ALLENDALE RD #1223	Houston	TX	77017
Jesus Heredia	720 CRATER AVE	Modesto	CA	95351
Jesus Pena Andrade	2037 Garvin Avenue	Richmond	CA	94801
Ji Nam Lee	6032 KINGMAN AVE #D	Buena Park	CA	90621
Jihwa Lim	4040 West Campbell Ave	Campbell	CA	95008
Jimmy Choi	1131 N VERMONT AVE STE 201	Los Angeles	CA	90029
Jimmy King	422 MAGNOLIA	Hughes Springs	TX	75656
Jin Ho Park	55 Stillbreeze Lane	Watsonville	CA	95076
Jinghua Shen	19503 STEVENS CREEK BLVD #315	Cupertino	CA	95014
Jiyeon An	3977 Rhoda Dr #1	San Jose	CA	95117
Jiyoung Kim	1764 VIA FLORES	San Jose	CA	95132
Joaquin Gomez	6935 LEADER ST	Houston	TX	77074
Joe Flores	2652 ROGUE WAY	Roseville	CA	95747
Joel Porro	3045 W FLAGLER ST APT 5	Miami	FL	33135
Joel Vega	200 Ave. Rafael Cordero Ste # 140 PMB 280	Caguas	PR	00725
Joey Yusay	2446 ozark dr	Tracy	CA	95304
John A. Locher	PO BOX 700095	Tulsa	OK	74170
John Baek	2917 Monroe Place	Falls Church	VA	22042
John Beck	718 KIOWA DR E	Gainesville	TX	76240
John Fillop	4055 INDIAN CREEK RD	Martinez	GA	30907
John Goodrich	2975 TREAT BLVD STE A4	Concord	CA	94518
John Holladay	7239 BIG BEND DR	Spring Hill	FL	34606
John M. Bell	112 VULCO DR	Hendersonville	TN	37075
John Olivarez	1528 LARK TREE WAY	Hacienda Heights	CA	91745
John Park	22221 BLOOMFIELD AVE #24	Cypress	CA	90630
John Sloan	12827 Southwest freeway Apt 106	Stafford	TX	77477
John Timothy Lewis	11411 BENT WAY ST	Cypress	TX	77429
John Warwick	205 W GRANGER AVE	Modesto	CA	95350
Johnathan Alff	210 Rev bill Perkins rd	Williamsburg	KY	40769
Jonathan Surney	8083 MARINERS DR APT #1502	Stockton	CA	95219
Jonathan Yustman	4344 RIDGERIDER CT	Riverside	CA	92509
Jong Pil Kim	888 Saratoga Avenue #201	San Jose	CA	95129
Joo Han Kang	9900 Memorial Dr# C50	Houston	TX	77024
Joo Y. Kim	8637 NILES CENTER RD APT G	Skokie	IL	60077
Joon Ann Medical Clinic	2911 W 8TH ST	Los Angeles	CA	90005
Joong Ang Medical Clinic	2911 WEST 8 TH STREET	Los Angeles	CA	90005

Jorge Guerrero	1708 W Vine St	Lodi	CA	95242
Jorge Sotomayor	5174 1/4 WOOD AVE	South Gate	CA	90280
Jose Antonio Rodriguez	5506 BERGENLINE AVE FL 2	West New York	NJ	07093
Jose Guerra	6714 LA SOMBRA DR	Houston	TX	77083
Jose Luis Garcia	2352 Villanova circle apt 1	Sacramento	CA	95825
Jose Luis Hernandez	1869 MACDUEE WAY	San Jose	CA	95121
Jose Luquin	1320 Redteal Dr	Newman	CA	95360
Jose Pascasio	6791 BLUE HERON PL	La Verne	CA	91750
Jose Penate	6100 nowere ave	Los Angeles	CA	90110
Jose Rivas	2710 LOU ANN LN	Harlingen	TX	78550
Jose Rivera	1191 Alameda De Las Pulgas #23	Belmont	CA	94002
Jose Robledo	623 León Ave	Modesto	CA	95351
Josefina Melendez	7 WERNER CT	Novato	CA	94947
Josefina Tejeda	2744 BRIDGEFORD DR	Sacramento	CA	95833
Joseph Alex Martin	948 W 3RD ST # 2	Erie	PA	16507
Joseph Camacho	4933 W CRAIG RD #211	Las Vegas	NV	89130
Joseph Chun	21039 DEVONSHIRE ST	Chatsworth	CA	91311
Joseph Kang	2460 FLINTRIDGE DR	Glendale	CA	91206
Joseph Sholomith	13200 SPRING HILL DR	Spring Hill	FL	34609
Josie Mendoza	18952 LONG BRANCH STREET	Lincoln	NE	68502
Jovena Nicasio	17536 SATICOY ST	Van Nuys	CA	91406
Joy Young, Llc	2917 MONROE PL	Falls Church	VA	22042
Juan Antonio Martinez	6625 AVENIDA C	Houston	TX	77011
Juan Cruz Aceves	1806 Cherry St	Aberdeen	WA	98520
Juan Curiman	12410 PIPING ROCK DR	Houston	TX	77077
Juan Mora Aguilar	285 W 4TH ST	Stockton	CA	95206
Julianna Mo	1521 20th Avenue	San Francisco	CA	94122
Julie Park	3810 Wilshire Blvd Unit # 304	Los Angeles	CA	90010
Julietelia Butac	4045 E CAMINO PAROCELA	Palm Springs	CA	92264
Julio Nosta	54 MONROVIA BLVD	Tuckahoe	NY	10707
June Park	908 S ARDMORE AVE UNIT#404	Los Angeles	CA	90006
Jung Nam Choi	6365 Benecia Avenue	Newark	CA	94560
Jung Hee Chung	480 Canyon Oaks Dr F	Oakland	CA	94605
Jung Huh	856 FOOTHILL CT	San Jose	CA	95123
Jung Min Lee	57 FREEMAN LN	Buena Park	CA	90621
Jung Oh	1609 Great Falls St Unit # 108	Mclean	VA	22101
Jung Sook Suk	1792 Park Avenue	San Bruno	CA	94066

Justin Chung	7504 Rio Grande Way	Gainesville	VA	20155
Justin Parrish	842 GARDEN RD	Marrero	LA	70072
K&A Tax And Multiservices	211 W SEALY ST STE #3	Alvin	TX	77511
Kalihi-Palama Health Center	915 NORTH KING STREET	Honolulu	HI	96717
Karan Park	3310 MORAGA BLVD	Lafayette	CA	94549
Karen Atrisco	15198 Polk dr	Clearlake	CA	95422
Karen Fischer	324 FEARL DR	Waterford	CA	95386
Karina Perez	PO BOX 202	South San Francisco	CA	94083
Karla Perez	7448 WINKLEY WAY	Sacramento	CA	95822
Kathy Chatmon	PO BOX 1436	Houston	TX	77251
Kathy Kim	2831 Flores Street #104	San Mateo	CA	94403
Keewon Kim	4701 AMERICANA DR APT# 201	Annandale	VA	22003
Keith Larson	915 NORTH KING STREET	Honolulu	HI	96817
Keith Pilson	20 Eagle Lane	Martinsville	VA	24112
Kenji Chikaraishi	564 N VIRGIL AVE APT 3	Los Angeles	CA	90004
Kenneth Chang	4026 W OLYMPIC BLVD	Los Angeles	CA	90019
Kenneth Duck	114 Grandiflora Drive	Mcdonough	GA	30253
Keumrye Lim	272 MOUNT HERMON RD #C	Scotts Valley	CA	95066
Kevan Kwan	980 E RANCHCREEK RD	Covina	CA	91724
Kilwon Seo	2960 W 235th St #14	Torrance	CA	90505
Kimberly Stewart	1051 FALLEN LEAF RD	Arcadia	CA	91006
Klc Solutions Inc	7800 Commonwealth Avenue #205	Buena Park	CA	90621
Ko Myoung Heo	5021 TIBBITT LANE	Burke	VA	22015
Ko Soon Park	4171 TERRACE OAKS LN	Suwanee	GA	30024
Korea & America Oriental	2120 W 8TH ST STE 260	Los Angeles	CA	90057
Krislyn Corporation	10 INDUSTRIAL PARK RD	Hingham	MA	02043
Kristen Lowenberg	2975 TREAT BLVD STE A4	Concord	CA	94518
Krusee Management	PO BOX 2314	Hagatna	GU	96932
Kum Hwi Pak	5519 MUIR DR.	Buena Park	CA	90621
Kun Sang Lee	115 HOLLYBROOKE DR	Langhorne	PA	19047
Kwang Jin Kim	3300 W ROSECRANS AVE STE 105	Hawthorne	CA	90250
Kwang Oh	5220 CRESTFIELD DR	San Ramon	CA	94582
Kwang Sung	4554 King William Ct	Annandale	VA	22003
Kyeong Im Hwang	325 TANNERS CROSSING	Alpharetta	GA	30022
Kyeong Rye Lolzou	41935 Stoneyford Terrace	Aldie	VA	20105
Kyoko Watanabe	455 E. 3rd Street # 706	Los Angeles	CA	90013
Kyong Fillop	4055 INDIAN CREEK RD	Martinez	GA	30907

Kyong Ja Kim	2851 E Cog Hill Terrace	Dublin	CA	94568
Kyoung Lee	1104 Tapaz Avenue #3	San Jose	CA	95117
Kyoung Woo	860 South Kingsley Drive #106	Los Angeles	CA	90005
Kyung Ok Han	4701 AMERICANA DR APT# 201	Annandale	VA	22003
Kyung Soon Jung	5954 Attentee Road	Springfield	VA	22150
Kyung Suk Lee	14335 CASTELLON RD	La Mirada	CA	90638
Lakha Medical	7128 PACIFIC BLVD STE C	Huntington Park	CA	90255
Lance T. McClure	2517 JAMESON ST	Temple Hills	MD	20748
Larry Boykin	6312 WHITE JADE DR	Fort Worth	TX	76179
Latin Alliance	15534 W HARDY RD SUITE 190	Houston	TX	77060
Latinos Integrados	8303 S W FREEWAY STE 725	Houston	TX	77074
Laura González Corona	1885 Ocala Av	San José	CA	95122
Laura Mora Zuñiga	2307 NEW JERSEY AVE APT B	San Jose	CA	95124
Laura Yanez	623 León Ave	Modesto	CA	95351
Laurie Cheatham	1736 ANDREWS CIRCLE	Suisun City	CA	94585
Lawrence Smith	2975 TREAT BLVD STE A4	Concord	CA	94518
Leanne Maupin	94-1221 KA UKS BLVD. #108	Waipahu	HI	96797
Lee Keun Kim	980 SAN LACINTO LANE	Lawrenceville	GA	30043
Lena J. Polk	10122 COMANCHE LN	Houston	TX	77041
Leobardo Cornejo	795 fourth Ave #202	Redwood City	CA	94063
Leola Anifowoshe	7426 GUINEVERE DR	Sugar Land	TX	77479
Leon Groode	21301 BERMUDA ST	Chatsworth	CA	91311
Leone Inc	3555 SWEETWATER RD APT#410	Duluth	GA	30096
Leonor Benitez	4803 DEEP GLEN LN	Katy	TX	77449
Lidia Aldana	2730 Firestone Boulevard	South Gate	CA	90280
Lidiya Fedotova	6391 ALDERTON ST	Rego Park	NY	11374
Lien Nguyen	15310 DOWNFORD DR.	Tomball	TX	77377
Liliana Garcia-Ortiz	1600 HESKET WAY APT 40	Sacramento	CA	95825
Lim & Lim Marketing	22119 FAIR GARDEN LANE	Clarksburg	MD	20871
Lincoln Chiropractic Center	6971 LINCOLN AVE #E	Buena Park	CA	90620
Lionel Ramirez	PO BOX 4677	Carolina	PR	00984
Lisa Koo	3033 MOORPARK AVE #25	San Jose	CA	95128
Lisandro Arredondo Garcia	508 Meta Ct	Modesto	CA	95354
Lizette Torres	Urb Villa Blanca Calle Granate #20	Caguas	PR	00725
Llc The Morrow Group	14027 MEMORIAL DR STE 226	Houston	TX	77079
Lloyd Alfred Pragasam	2048 ORANGE TREE LN	Redlands	CA	92374
Logicall	2313 W Sam Houston Pkwy N	Houston	TX	77043

Loise M. Herzog	2221 BLISS CIR	Oceanside	CA	92056
Lolita Gagaoín	PO BOX 8084	Tamuning	GU	96931
Longina Montanez	13351 N EXTENSION CT	Lodi	CA	95242
Lorena Mora	10624 BURIN AVE	Lennox	CA	90304
Lou Parnell	2750 WALLINGFORD DR APT 1415	Houston	TX	77042
Lourdes Cardona Tovar	1248 TIEGEN DR	Hayward	CA	94542
Lourdes Dulos	3829 FOSTER AVE	Baldwin Park	CA	91706
Lourdes Rubalcava	P.O. BOX 970993	Orem	UT	84097
Lucina Rodriguez	12408 Goldmine Ave	Waterford	CA	95386
Lucio Mendes	3690 WOODYHILL DR	Lithonia	GA	30038
Luis Marquez	1901 4TH AVE STE 100	San Diego	CA	92101
Luis Marquez	255 N USA STREET SUITE 101	Eslondido	CA	92025
Luis Miguel Garcia	2352 Villanova circle #1	Sacramento	CA	95825
Lus Vera	1435 Nadine Ave.	Modesto	CA	95351
Luz Ekny Luna	9919 MANGO LN	Elk Grove	CA	95624
Luz Gonzalez	525 Huntington Ave APT 3	San Bruno	CA	94066
Luz M. Villanueva	30 CALLE TRUBIA BLK 29	Carolina	PR	00983
Lydia Choi	4743 Marconi Avenue #28	Carmichael	CA	95608
Lydia Gomez	323 FRONT STREET # 118	Salinas	CA	93901
Lynn Koh	2115 A GERTZ LN	Honolulu	HI	96819
Ma De Lourdes Ricardo	27043 Tyrell Avenue #4	Hayward	CA	94544
Ma Del Rosio Vargas Torres	2026 WEBSTER ST APT # 1	Las Vegas	NV	89030
Ma. Chrsitina Malagon	1518 Clinton Street	Delano	CA	93215
Magdalena Arzola	2230 Channel Dr	Ventura	CA	93001
Maggie Degregorio	PO BOX 394	Fontana	CA	92334
Mainstay India Teleservices Pvt Ltd	10333 HARWIN DR STE 225	Houston	TX	77036
Mainstay Services Ltd	10333 HARWIN DR STE 225	Houston	TX	77036
Malvin Anderson	740 E AVENUE J9	Lancaster	CA	93535
Manuel Hernandez Contreras	4020 44st	Sacramento	CA	95820
Manuel Turrieta	2975 TREAT BLVD STE A4	Concord	CA	94518
Marcia Lopez	30 W Harden Road Apt 1	Hayward	CA	94544
Margarita Cerna	1102 Pipit Dr	Patterson	CA	95363
Margarita Morales	4901 Little Oak Ln #212	Sacramento	CA	95841
Maria Antonia Otero F De Garcia	1974 LAVONNE AVE	San Jose	CA	95116
Maria Araujo Aguinaga	115 W 7th St Apt# A	Santa Rosa	CA	95401
Maria Arevalo	1876 CRESTWOOD CIR	Stockton	CA	95210
Maria Arriaga	310 Park Ave # 310	Manteca	CA	95337

María Avalos	2744 Bridgeford Dr.	Sacramento	CA	95833
Maria Castellanos	6315 Jansen dr	Sacramento	CA	95824
Maria Cortes	1568 Cottonwood Dr	Salinas	CA	93905
Maria Covarrubias	2257 62nd Avenue	Sacramento	CA	95822
María De La Luz Bañuelos	1010 Ash ave	Los Banos	CA	93635
Maria Del Rosario Duarte Cerda	3775 MAIN ST SUITE A	Oakley	CA	94561
Maria Del Socorro Aguilar	741 Esat Washington Blvd.	Crescent City	CA	95531
Maria Del Socorro Gonzalez Romero	3617 Anthea Street	Sacramento	CA	95834
Maria Elisa Chable Gomez	73 CAROL LN #104	Oakley	CA	94561
Maria Fernandez	6241 south george washington blvd	Yuba City	CA	95993
Maria Gonzalez	187 FIESTA DR	Kissimmee	FL	34743
Maria Gonzalez De Garcia	1528 HOBSON AVE	West Sacramento	CA	95605
Maria Inzunza	37767 Arlene ct.	Fremont	CA	94536
Maria Isabel Ponce	3473 MOUNT MADONNA DR	San Jose	CA	95127
Maria Loza	1719 SPRUCE DR	Woodland	CA	95695
Maria Maldonado	4830 CONCORD ROAD	Sacramento	CA	95820
Maria Maldonado Camarena	15820 S HARLAND RD SPACE# 102	Lathrop	CA	95330
Maria Ortiz	3225 N St SE #103	Auburn	WA	98002
Maria Ramirez	376 W 24th St	San Bernardino	CA	92405
Maria Ritter	775 East Union St.	Pasadena	CA	91101
Maria Rivas	3952 PATTERSON RD APT# 35	Riverbank	CA	95367
Maria Rivera	2094 surrey pl #3	Campbell	CA	95008
Maria Rodriguez Estrada	3843 MADELINE DR APT# 4	San Jose	CA	95127
Maria Sibrian	825 4th Ave	San Bruno	CA	94066
Maria Susana Jaime De Saran	652 23rd St	Richmond	CA	94804
Maria Tamayo	2203 ALDINE MAIL ROUTE 30	Houston	TX	77039
Maria Tapia	3534 CIRCLE CT E	Fresno	CA	93703
Maria Valdivia	572 A RODRIGUEZ ST	Watsonville	CA	95076
Maria Vega	167 Gardenia Drive	Atwater	CA	95301
Mariana Garcia	9690 ALTA MESA ROAD	Wilton	CA	95693
Maribel Salgado	1120 GUM AVE APT A	Woodland	CA	95695
Maribel Smith	1301 W JACKSON CT	Broken Arrow	OK	74012
Marie (Seija) Anderson	6333 PACIFIC AVE STE 179	Stockton	CA	95207
Marie Asprec	36041 CORTE LISBOA	Murrieta	CA	92562
Mariela Rodriguez	1133 SANDY HOOK AVE	La Puente	CA	91744
Mario Aleman	1111 W COVINA BLVD STE# 240	San Dimas	CA	91773
Mario Lagoc	98 1941 L KAAHUMANU ST	Aiea	HI	96701

Marisol Gonzalez	1228 S street	Newman	CA	95360
Mark Meyer	895 MARINERS CT	Coppell	TX	75019
Marketing Inc Stephens - Matthews	PO BOX 1208	Beverly	OH	45715
Marleny Martinez	1897 Alum Rock Avenue #25	San Jose	CA	95116
Marlon C Parato Dmd Dmd Llc	1441 KAPIOLANI BLVE	Honolulu	HI	96814
Marlon Parato	94-826 MOLOALO STREET	Waipahu	HI	96797
Marta Davila	623 Leon Ave	Modesto	CA	95351
Martha Cabrera	480 ave of the flag #10	Buellton	CA	93427
Martha Flores	14107 FORCE STREET	Houston	TX	77015
Martha Hara Quichocho	11387 ALBERNI CT	San Diego	CA	92126
Martha Mendoza	540 BONITA AVE ESP# 208	San Jose	CA	95116
Martha Patricia Pantoja	5100 Kirk Ln Apt #6	Sanpablo	CA	94805
Martin Lutta	3075 WALNUT BEND LN # 34	Houston	TX	77042
Martin Mendoza	1775 S STOCKTON ST	Stockton	CA	95206
Martineza Freeman	1077 EUCLID AVE APT 4	Long Beach	CA	90804
Marty Miller	313 N RANCH HOUSE RD	Angleton	TX	77515
Marvin Meynard	5309 LYLE AVE	Stockton	CA	95210
Mary Ann Rabang	337 WAINOHIA ST.	Kihei	HI	96753
Mary Bird	12615 DERMOTT DR	Houston	TX	77065
Mary Lapenia	94-1221 KA UKA BLVD APT# 108-157	Waipahu	HI	96797
Mary Park	12750 Centralia Street #137	Lakewood	CA	90715
Mary Seo	2709 Marina Park Lane	Elk Grove	CA	95758
Mary Stanley	257 HIGHWAY 134	Rayville	LA	71269
Master Agency Of California	22119 FAIR GARDEN LANE	Clarksburg	MD	20871
Matthew Wharton	2975 TREAT BLVD STE A4	Concord	CA	94518
Mayra Fuel	1615 Cormorant Way apt. #8	Scaramento	CA	95815
Mccanse Chiropractic	PO BOX 275	Decatur	MI	49045
Medical Health Associates	248 -18 UNION TURNPIKE	Bellerose	NY	11426
Medtree Acupuncture Clinic	712 NEWMARK MALL	Montebello	CA	90640
Melanie Penrod	1549 N PRAIRIE CREEK RD	Andover	KS	67002
Melinda Vaca	1606 WALNUT LN	Midland	TX	79701
Merwynn Montenegro	5905 N. Acacia Ct	San Bernardino	CA	92407
Mgr - Sm Test	11111 Richmond Ave. St. 200	Richmond	TX	77082
Mi Lan Do	28 FESTIVAL	Irvine	CA	92606
Mi Na Hong	1170 Donington Drive	San Jose	CA	95129
Mi Ran Bae	25305 Ironwood Court	Hayward	CA	94545
Mi Ran Yu	1850 TWINING DR.	Anchorage	AK	99504

Mi Ri Kim	302 COLORADO AVE	Santa Monica	CA	90401
Mi Sook Ka	530 La Conner Dr	Sunnyvale	CA	94087
Mi Young Kim	4040 W Campbell Avenue	Campbell	CA	95008
Michael Carr	1708 BUNKER HILL LN TRLR 160	Lewisville	TX	75056
Michael Cowley	18011 OAKWORTH DR	Houston	TX	77084
Michael Kellerman	5022 STARBLAZE DR	Greenacres	FL	33463
Michael Kim	5730 Vista Brook Drive	Suwanne	GA	30024
Michael Miller	2036 HORNBLEND ST	San Diego	CA	92109
Michael Sailor	117 SOUTH SPRING ST STE 201	Aspen	CO	81611
Michael Santos	704 S KNOTT AVE # M1	Anaheim	CA	92804
Michel Sanchez	617 Ward Rd	Los Banos	CA	93635
Michele Campbell	60 4th Street #102	Gilroy	CA	95020
Michelle Acupuncture Clinic	6934A LITTLE RIVER TUPK SUITE A	Annandale	VA	22003
Michelle Nieman	17636 WHITE PERCH LAKE	Conroe	TX	77384
Michelle Ogata	98 1941L KAAHUMANU ST	Alea	HI	96701
Michelle Zazueta	2975 TREAT BLVD STE A4	Concord	CA	94518
Miguel Robledo Davila	5260 Lodi St	San Diego	CA	92117
Mike B Rivers	PO BOX 214	Elmsford	NY	10523
Milan Kim	18895 COLTMA ROAD SUITE A	Rowland Heights	CA	91748
Min Jin Kim	2869 Fountain Head Drive	San Ramon	CA	94583
Min Young Cha Md.	3130 W OLYMPIC BLVD STE 220	Los Angeles	CA	90006
Ming Wang	3408 YUBA AVE	San Jose	CA	95117
Minsim Lee	640 Balsa Avenue	Brea	CA	92821
Miracle Herbs & Acupuncture	15500 S NORMANDIE AVE # A	Gardena	CA	90247
Miriam Morales	3473 RANCHO RIO WAY	Sacramento	CA	95834
Mirna Lemus	2305 Park brae way	Modesto	CA	95358
Mitsuru Yamamoto	915 NORTH KING STREET	Honolulu	HI	96717
Mo Ah Choi	22330 MEYER ST #54	Torrance	CA	90502
Moises Lopez	4313 FREITAG WAY	Elk Grove	CA	95758
Molina Enterprises Llc	1448 N 27TH AVE	Phoenix	AZ	85009
Monica Noriega	6290 Lido Court	Newark	CA	94560
Monica Pina Mijangos	1005 CO RD 135 W	New Albany	MS	38652
Moon Chang	3671 W 6TH ST	Los Angeles	CA	90020
Moon Nyun Bae	3033 Moorpark Avenue #25	San Jose	CA	95128
Moushir Manious	4383 MESA HILL DR	Las Vegas	NV	89147
Msa Agent Test	11111 RICHMOND AVE SUITE 200	Houston	TX	77082
Mun Choi	2586 STAUNTON LN	Duluth	GA	30096

My Family Health Care Inc.	3435 WILSHIRE BLVD STE 1930	Los Angeles	CA	90010
Myong Boon Kim	240 West Campbell Avenue	Campbell	CA	95008
Myong Yon Furuyama	774 Carmel Avenue Apt #3	Sunnyvale	CA	94085
Myra Serion	1982 HOOLAULEA ST	Pearl City	HI	96782
Myung Hee Yeon	7671 Stage Rd #105	Buena Park	CA	90621
Myung Sook Lee	21 Wilshire Avenue	Daly City	CA	94015
Myung Sook Seo	2137 BIRCH HOLLOW TRL	Lawrenceville	GA	30043
Myung Yoon	6 Arcade Avenue	Berkeley	CA	94708
Nam Seok Kim	7345 MCWHORTER PLACE APT# 111	Annandale	VA	22003
Namhee Thompson	4234 Greenview Dr	El Darado Hills	CA	95762
Nancy M. Aguila	6411 NEW WORLD DR	Katy	TX	77449
Narda Duarte	2770 MARENGO APT# 1	Los Angeles	CA	90033
Nathan Gross	2975 TREAT BLVD STE A4	Concord	CA	94518
National Healthcare Alliance	PO BOX 5702	Granbury	TX	76049
Nayrina Gonzalez	P.O.BOX # 231883	Sacramento	CA	95823
Net Rep Inc	5821 S W FREEWAY STE 600	Houston	TX	77057
New Hampshire Association	41A TERRILL PARK DR	Concord	NH	03301
New Oxford Cleaners	94 01 A 46 AVE 1FL	Elmhurst	NY	11373
New Star Enterprise	21864 ELKINS TERRACE	Sterling	VA	20166
Ngan Do	3132 Oakbridge Dr	San Jose	CA	95121
Nichole Jefferson	2975 TREAT BLVD STE A4	Concord	CA	94518
Nicole Arteaga	2975 TREAT BLVD STE A4	Concord	CA	94518
Nicole Daman	6131 ESCONDIDO COURT	San Jose	CA	95119
Nicole Joy Leonard	2975 TREAT BLVD STE A4	Concord	CA	94518
Nicolle Dixon	2975 TREAT BLVD STE A4	Concord	CA	94518
Nirky M. Buret	106 S BROADWAY	White Plains	NY	10605
Noel Nagnot	39247 Coprice St.	Palmdale	CA	93551
Noemi Lopez	113 N Michigan St	Aberdeen	WA	98520
Noemi Pinedo	418 California St Unit C	Salinas	CA	93901
Nohemi Gaspar	1807 South Hart Road	Modesto	CA	95358
Nonie Dubose	6260 Westpark Drive #303	Houston	TX	77057
Norma Rivera	1501 Classic Ct.	Modesto	CA	95357
Nova Marketing Group Llc	7345 MCWHORTER PLACE SUITE 111	Annandale	VA	20151
Obstetrics & Gynecology Parviz Pirnazar Md.	10921 WILSHIRE BLVD STE 607	Los Angeles	CA	90024
Oc Dental Care	1717 OLD TUSTIN AVE	Santa Ana	CA	92705
Odessa Barnett	2975 TREAT BLVD STE A4	Concord	CA	94518
Ohana Dental Center	2153 NORTH KING STREET	Honolulu	HI	96819

Ok Ja Jang	420 UNION DR Apt 302	Los Angeles	CA	90017
Ok Kim	1679 Duvall Drive	San Jose	CA	95130
Olga Martinez Torres	6901 FLORIN RD APT# 3	Sacramento	CA	95828
Olivia Kim	3681 Whitworth Dr	Dublin	CA	94568
On Time Home Care Agency	17012 LIBERTY AVE	Jamaica	NY	11433
Oscar Mendez-Turino	2298 SW 8TH ST	Miami	FL	33135
Oswar Siordia	10070 Willard Pkwy APT 132	Elk Grove	CA	95757
Owen Hoyoung Cho	13037 BEACH ST	Cerritos	CA	90703
Pablo Bailon	2025 CHOCTAW DR	West Covina	CA	91791
Pablo Ruiz	75 Nedra Court #1	Sacramento	CA	95822
Pacific Eye Center	241 FARENHOLT AVE STE 101	Tamuning	GU	96913
Palm Enterprises Inc	2975 TREAT BLVD STE A4	Concord	CA	94518
Park Stephen	11039 ACACIA PKWY	Garden Grove	CA	92840
Parks Acupuncture & Herbs	2897 W OLYMPIC BLVD STE 202	Los Angeles	CA	90006
Patricia Miramontes	4913 LOTUS POND WAY	Elk Grove	CA	95757
Patricia Rosas Gomez	2791 McBride Ln # 162	Santa Rosa	CA	95403
Patty Philibert	11730 COLMAN RD	Philadelphia	PA	19154
Paul Saunders	10929 Firestone Blvd. #128	Norwalk	CA	90650
Paula Garcia	1764 JANRICK AVE	Sacramento	CA	95832
Pax Multi Clinic	2411 W 8TH ST # 100	Los Angeles	CA	90057
Pearl A. Cheng	459 N STEPHORA AVE	Covina	CA	91724
Pedro Medina	352 AVE SAN CLAUDIO	San Juan	PR	00926
Pedro Zamora	11394 S CARDINAL LN	Yuma	AZ	85365
Pei Wang	3408 YUBA AVE	San Jose	CA	95117
Peking Acupuncture & Herbs	509 S EUCLID ST	Anaheim	CA	92802
Peter Bendeheim	122 UPLAND TER	Bala Cynwyd	PA	19004
Peter Lee	3054 W 8TH ST STE 106	Los Angeles	CA	90005
Peter Moon	433 SYLVAN AVE #120	Mountain View	CA	94041
Phan Tiet	5610 LAVERNE AVE	Oakland	CA	94605
Phillip Jong	4073 LAKESIDE DR	San Jose	CA	95148
Pil Hyun Park	6730 TORREY PINE CIR	Suwanee	GA	30024
Pilar Tobias	235 N San Joaquin St	Stockton	CA	95202
Ping Blas	94 1208 AWAIKI ST	Waipahu	HI	96797
Porfirio Flores	209 S CHESTER AVE	Compton	CA	90221
Preferred Healthcare Benefits	2313 W Sam Houston Pkwy N	Houston	TX	77043
Premium Medical Health Care	2435 JEROME AVE	Bronx	NY	10468
Presidio Medical Group	4440 LAMONT ST	San Diego	CA	92109

Pro Insurance America Inc	13540 MALLARD WATCH WAY	Clifton	VA	20124
Promotion Health Plans	10518 W FLAGLER ST	Miami	FL	33174
R W C Marketing Group	115 PENN WARREN DR STE 300-162	Brentwood	TN	37027
Rafaela Burgos	185 MANANA LN	Watsonville	CA	95076
Rainbow Dental Center	599 FARRINGTON HIGHWAY	Kapolei	HI	96707
Randall Graham	9613 ARROW ROUTE BLD 3-C	Rancho Cucamonga	CA	56186
Raquel Alcala	11120bradley ranch road apt D4	Elk Grove	CA	95624
Rathbun Chiropractic Clinic	388 S MARINE DRIVE SUITE #101	Tamuning	GU	96913
Raymond K.Y. Li Md Inc.	950 STOCKTON ST STE 205	San Francisco	CA	94108
Realty Enterprise	20523 CAJON CANYON CT	Katy	TX	77450
Refugio Anguiano	PO BOX 11152	Salinas	CA	93915
Reginald Lyle	1598 Drakeley Ave	Turlock	CA	95301
Reina Oyola	11411 Scenery Place	Germantown	MD	20876
Renee Horie	P O BOX 6227	Kaneohe	HI	96744
Renika Bass	5802 Templegate Drive	Houston	TX	77066
Resendez Chiropractic Center	2930 CORONADO AVE STE B	San Diego	CA	92154
Rev.Felix Medina	510 WILMONT& CONNECTICUT AVENUES	Bridgeport	CT	06607
Rey Garcia Bauza	1741 WRIGHT ST APT# 5	Sacramento	CA	95825
Rey Piros	230 HANA HWY # 2	Kahului	HI	96732
Reynaldo De Guzman	138 MADISON AVE	Rochelle Park	NJ	07662
Riasa Soliman	6000 El Dorado Prwy #538	Frisco	TX	75033
Ricardo Fernandez	579 FARRINGTON HIGHWAY	Kapolei	HI	96707
Ricardo Gamboa	2975 TREAT BLVD STE A4	Concord	CA	94518
Richard G. Clark	12839 WOMAN HOLLERING RD	Converse	TX	78109
Richard Shaw	3426 WIMBLEDON DR	Cibolo	TX	78108
Richard W. Rollins	4589 MESAVIEW WAY	Stone Mountain	GA	30083
Rickey Templeton	313 FANNIN DR	Goodlettsville	TN	37072
Rickman McLaren	84 RIVERDALE AVE	White Plains	NY	10607
Robert Calvary	P O BOX 1453	Pinehurst	TX	77362
Robert Espinoza	10645 N Tatum Blvd. #200-332	Phoenix	AZ	85028
Robert Franklin	2000 SOUTH STREET	Leesburg	FL	34748
Robert Lin	18725B GATE AVE SUITE 140	City Of Industry	CA	91748
Robert Potter	31244 FLYING CLOUD DR	Laguna Niguel	CA	92677
Robert Sr. Nelson	900 MANDANA CT	Modesto	CA	95358
Roberto Gandara	PO BOX 1357	Caguas	PR	00726
Rochelle Cosper	725 37TH AVENUE CT	Greeley	CO	80634
Rodney A. Kim	13211 MYFORD RD APT 1022	Tustin	CA	92782

Rodney Warrior	21823 HYERWOOD	San Antonio	TX	78259
Roger Chang	10515 BELLAIRE BLVD A1	Houston	TX	77072
Roger D. Teed	2721 W 68TH PL	Tulsa	OK	74132
Rolando Villamayor	7987 FLANDERS DR	San Diego	CA	92126
Ron Cottrell	2975 TREAT BLVD STE A4	Concord	CA	94518
Ronald Aaron Hopkins	6439 GREENE ST APT C5	Philadelphia	PA	19119
Rory Rifkind	1046 NEWCASTLE C	Boca Raton	FL	33434
Rosa Enterprise	610 WHITE OAK DR	Newnan	GA	30265
Rosa Fernandez	7363 Perera Circle	Sacramento	CA	95831
Rosa Gutierrez	9014 N EL DORADO ST	Stockton	CA	95210
Rosa Magali Pozos Salgado	765 Elm Avenue # A	Seaside	CA	93955
Rosa Manriquez	600 ATKINSON ST	Roseville	CA	95678
Rosa Maria Mendoza De Flores	420 ALICE ST	Stockton	CA	95205
Rosa Maria Vidal	PO BOX 56315	San Jose	CA	95156
Rosa Perez	15788 EMERALD BLVD #2481	Burr Ridge	IL	60527
Rosa Segovia	189 Hackensack Plank Rd.	Weehawken	NJ	07086
Rosalba Chavarria	4971 42nd St.	Sacramento	CA	95820
Rosalie Hizon	P.O.BOX 2045	Fontana	CA	92334
Roscoe Mason	8765 SPRING CYPRESS RD SUITE L	Spring	TX	77379
Rose Pelzer	29607 BROWNSVILLE RD	Magnolia	TX	77354
Rosibell Cortes	3349 Belden st.	Sacramento	CA	95838
Ross Boles	9113 Gavin Rd.	Lantana	TX	76226
Ross Hearing Aids	PMB712 STEIII 674 HARMON LP RD	Dededo	GU	96929
Roy Franklin Anding Jr	866 WESTSHORE COURT	League City	TX	77573
Roy Wallace	405 TARRYTOWN RD STE 576	White Plains	NY	10607
Ruben Lopez Decardenas	16505 Butterfield Blv Apt335	Morgan Hill	CA	95037
Rubidia Medellin	2102 White Back Dr	Houston	TX	77084
Russell Masunaga	2153 NORTH KING STREET	Honolulu	HI	96819
Ruthie Agbayani	94 436 APOWALE STREET	Waipahu	HI	96797
Ryu Acupuncture Clinic	121 S GLENOAKS BLVD # 3	Burbank	CA	91502
S & D Advertising Concepts	5518 AVANAK ST	Spring	TX	77389
Sae Joon Kim	550 LOS OLIVOS DR	Santa Clara	CA	95050
Saeid Sadighi	2701 FIRESTONE BLVD STE W	South Gate	CA	90280
Samuel Cochran	2618 DARRELL DR	Abilene	TX	79606
Samuel Gouh	215 Manhatten Place	Los Angeles	CA	90004
Samuel Juhn Md.	7851 WALDER ST #101	La Palma	CA	90623
Samuel Morin	424 S MOBBERLY AVE	Longview	TX	75602

Sandra Cisneros	5309 Ridge Gate Court	Rocklin	CA	95765
Sandra Lopez	6181 Greenhaven Drive	Sacramento	CA	95831
Sang Gu Kang	4360 Ivymount Ct	Annandale	VA	22003
Sang Hoon Lee	4201 TORRANCE BLVD STE 780	Torrance	CA	90503
Sang Kwon	20102 Woodbine Avenue	Castro Valley	CA	94546
Sang Nyo Kim	3033 Moorpark Avenue #25	San Jose	CA	95128
Sang Oh	5902 Kingsford Road #L	Springfield	VA	22152
Sang Yu	2058 HAILSTON DR	Duluth	GA	30097
Sanghee Han	646 Bolton Court #3	San Jose	CA	95129
Santiago Aleman	1507 Winchester Blvd	San Jose	CA	95128
Sara Lim	371 Mariners Court #E	Hayward	CA	94544
Sara Pastora	3339 23RD ST	San Francisco	CA	94110
Sarah Ellis	P O BOX 55181	Valencia	CA	91385
Sasang Acupuncture	1134 S WESTERN AVE STE B2	Los Angeles	CA	90006
Segretix	19255 SABAL LAKE DR	Boca Raton	FL	33434
Seo Hwang Kim	18958 Sara Park Circle	Saratoga	CA	95070
Seo Kwon Lee	5204 Rambler Way	Sacramento	CA	95841
Seogchul Hong	5309 Berrywood Court	Fairfax	VA	22032
Seon Roh	5520 SANTA MONICA BLVD STE 104	Los Angeles	CA	90038
Serge Alexis Companies Llc	285 5TH AVE STE 450	Brooklyn	NY	11215
Sergio Borrayo	1058 SOUTH ALMA AVENUE	Los Angeles	CA	90023
Sergio Ruiz	2172 THIRD STREET	Corona	CA	91719
Serrano Eye Center	4220 W 3RD ST STE 206	Los Angeles	CA	90020
Seung Hwan Lee	1123 Turk St	San Francisco	CA	94115
Seung Lee	6555 Cotton Wood #D	Dublin	CA	94568
Seung Young Yoon	215 GROVE ACRE AVE APT# 16	Pacific Grove	CA	93950
Seunghhee Suh	4323 GLENEAGLES CT	Stockton	CA	95219
Severance Optometric Center	3030 W OLYMPIC BLVD STE 110	Los Angeles	CA	90006
Shalic Renfro	2715 WUTHERING HEIGHTS	Houston	TX	77045
Shar Gor	6391 ALDERTON ST	Rego Park	NY	11374
Shareef Rabie	1723 PARKLAKE VILLAGE	Katy	TX	77450
Shareef Rabie	11111 RICHMOND AVE SUITE 200	Houston	TX	77082
Sharon E. Ueligitone	2575 E 19TH ST APT 28	Signal Hill	CA	90755
Sharon Haak	1602 REGAL BLUE CT	Fresno	TX	77545
Sharon Johnson	2379 BRIARWEST BLVD #8	Houston	TX	77077
Sharon Naylor	415 WEST CENTRAL AVE	La Follette	TN	37766
Sherman Lii Medical Group	3859 ROSEMEAD BLVD	Rosemead	CA	91770

Sherry Panuco	8931 N El dorado	Stockton	CA	95210
Shin W. Kang Medical	2727 W OLYMPIC BLVD STE 206	Los Angeles	CA	90006
Silvia Alcaraz	305 N E STREET	Stockton	CA	95205
Simuel Evans Iii	8726 CEDAR TRACE DR	Spring	TX	77379
Sindee Guzman	1041 PRAIRE DR	Suisun City	CA	94585
Siu Lo Li	857KUNAWAI LANE	Honolulu	HI	96817
Sky Net	22119 FAIR GARDEN LANE	Clarksburg	MD	20871
So Yun Kim	110403 Gold Stafton Drive	Gold River	CA	95670
Son Nguyen	12826 Remy Street	Houston	TX	77045
Song Cho	246 Grove Way	Hayward	CA	94541
Song Kim	561 ALANDELE AVE	Los Angeles	CA	90036
Sonia Tlaseca	720 S terrace Ave	Colombus	OH	43204
Soo Chung	8370 Greensboro Drive Unit 319	Mclean	VA	22102
Soojin Choi	3770 Flora Vista Avenue	Santa Clara	CA	95051
Soon Ae Lee	1267 Webster St	San Francisco	CA	94115
Soon Yong	907 SILACCI DR	Campbell	CA	95008
Soon Yoon	1841 CENTRAL PARK AVE APT 2M	Yonkers	NY	10710
Soukmany Rajamountry	2613 willowgate rd	Grove City	OH	43123
Soyun Lee	32632 Almaden Blvd #139	Union City	CA	94587
Stephanie Seo	1104 Topaz Avenue #4	San Jose	CA	95117
Stephen Bogнар	4717 Canyon Hills Drive	Fairfield	CA	94534
Stephen Oh	3568 ADAMS ST	Riverside	CA	92504
Steven Kang	4001 WILSHIRE BLVD APT F 286	Los Angeles	CA	90010
Steven P. Schoppa	16014 ABERDEEN FOREST DR	Houston	TX	77095
Steven Torimaru	807 W CAMINO REAL AVE #S	Arcadia	CA	91007
Su Lan Yang	742 N Mavis Street #2	Anaheim	CA	92805
Su Yeon Choe	2471 Kenwood Avenue	San Jose	CA	95128
Sue Baek	8350 GREENSBORO DR #1-707	Mclean	VA	22102
Sue Shin	1380 BELMONT HILLS DR	Suwanee	GA	30024
Suhee Oh	4040 West Campbell Avenue	Campbell	CA	95008
Sukyeong Choi	2676 Newhall Street Apt 29	Santa Clara	CA	95050
Sulma Hernandez	2836 N Cedar Ave	Fresno	CA	93703
Sun Hee Lee	1340 DABNEY HOUSE RD	Vernon Hill	VA	24597
Sun J. Shin Mdm Inc.	866 S WESTMORELAND AVE STE 101	Los Angeles	CA	90005
Sun Kim	4113 124TH AVE SE #601	Bellvue	WA	98006
Sun Kim	3122 112TH ST E	Tacoma	WA	98446
Sun Kyung Choi	4825 Pine Forest Place	San Jose	CA	95118

Sung Choi	350 S VIA EL MODENA #4	Orange	CA	92869
Sung Hu Kim	3040 WEST 7th ST	Los Angeles	CA	90005
Sung Knight	246 Grove Way	Hayward	CA	94541
Sung Lee	1145 Palomar Court	Tracy	CA	95377
Sung Min Acupuncture Clinic	809 S HOBARE BI	Los Angeles	CA	90005
Sung Sub Choi Md. Inc.	3323 W OLYMPIC BLVD STE 210	Los Angeles	CA	90019
Sunghan Suk	1531 S DIAMOND BAR BLVD	Diamond Bar	CA	91765
Sunhee Go	9251 Glen Meadow Lane	Bristow	VA	20136
Sun-Hwa Kim	10575 Glenview Avenue	Cupertino	CA	95014
Sunny Chon Royce	6270 Clay Pipe Court	Centreville	VA	20121
Sunny Kim	407 Olympus #6	Hercules	CA	94547
Sunrise Consulting And Financial	6097 GOLFVIEW DR	Gurnee	IL	60031
Susan Andres	38715 Road 128	Cutler	CA	93615
Susan Hudgens	3224 MC KELVEY ST	Bridgton	MO	63041
Suzie Park	22221 BLOOMFIELD AVE #24	Cypress	CA	90630
Sylvan Medical Group	1510 FLORIDA AVE	Modesto	CA	95350
Tae Hyun Oh	110 CIRCLE VIEW DR APT# 110A	Buford	GA	30518
Tamara Soliai	55-537 A NANILOA LOOP	Laie	HI	96762
Tan Hoa Nguyen	2600 Senter Road # 17	San Jose	CA	95111
Tara Fletcher	410 W GRAND PKWY S STE 242	Katy	TX	77494
Tara Khor	2420 FLEURY WAY	Stockton	CA	95210
Tehillah Enterprises Inc	21116 MARSH CREEK RD	Preston	MD	21655
Telsource Solutions	7447 HARWIN DR STE 246	Houston	TX	77036
Temple Pain Care Center	3738 W 6TH ST	Los Angeles	CA	90020
Terence Reed	413 WESTPARK DR	Weatherford	TX	76086
Teresa Jimenez	1639 waverly ave	San Jose	CA	95122
Teresa Medical	2675 W OLYMPIC BLVD	Los Angeles	CA	90006
Terrence Won	1360 SOUTH BERETANIA STREET	Honolulu	HI	96814
Tessie Zamora	95 716 PAIKAUHALE ST	Mililani	HI	96789
Thacher Chris	2975 TREAT BLVD STE A4	Concord	CA	94518
The Doctors Clinic	PO BOX 11409	Tamuning	GU	96931
The Kool Tech	4154 SLEEPING INDIAN RD	Fallbrook	CA	92028
The Park Dental Group	44841 10TH ST W	Lancaster	CA	93534
Thomas Meissner	1422 PELICAN WAY	Suisun City	CA	94585
Tiffany Kang	7212 Crestfield Dr	San Ramon	CA	94582
Tina Adams	2975 TREAT BLVD STE A4	Concord	CA	94518
Tina Culpepper	2500 N VAN DORN ST APT# 811	Alexandria	VA	22302

Tok Yi	5452 SPEY CT	Alpharetta	GA	30022
Tony Labarre	6464 SAVOY DRIVE STE 757	Houston	TX	77036
Tonya Bias	6503 BAYOU VIEW DR	Houston	TX	77091
Toribio Aniban	3235 Sagewood Lane	San Jose	CA	95132
Town & Country Dentistry	10941 FINSTONE BLVD	Norwalk	CA	90650
Tran Juliane	683 INDIAN HILL BLVD	Pomona	CA	91767
Trendirect	510 CONGRESS ST STE 2	Portland	ME	04101
Tustin Place Med Group	13095 JAMBOREE RD	Tustin	CA	92782
Tweedy Medical Group	4075 TWEEDY BLVD	South Gate	CA	90280
Tyrone Smith	2018 RUFFIAN LN	Stafford	TX	77477
Umbelina Martinez	3980 el camino real #87	Palo Alto	CA	94306
Valerie Robinson	7373 ANDMORE ST #1254	Houston	TX	77054
Vernbro Medical Bldg.	231 W VERNON AVE STE 108	Los Angeles	CA	90037
Vernbro Medical Group	231 W VERNON AVE STE 201	Los Angeles	CA	90037
Veronica Eunice Chacon Corena	351 North 26th St #19	San Jose	CA	95116
Veronica Pascual	8572 VILLA VIEW DR	Citrus Heights	CA	95621
Veronica Wilson	23311 GOOD DALE LANE	Spring	TX	77373
Vgb Associates Inc	2020 HURLEY WAY STE 145	Sacramento	CA	95825
Vicente M. Lizama	PO BOX 3165	Chula Vista	CA	91909
Vickie Donaldson	5919 PINE ARBOR DR	Houston	TX	77066
Victor Arrieta	PO BOX 4677	Carolina	PR	00984
Victor Olivas Salazar	8501 WILLOW GROVE WAY	Sacramento	CA	95828
Victor Romley	1136 UNION MALL	Honolulu	HI	96813
Victorien Rival	5501 W BROWARD BLVD	Plantation	FL	33317
Victorino Rodriguez Gallardo	53 White St	Watsonville	CA	95076
Vilma Maramba	533 CHUCK WAGON CIRCLE	Walnut	CA	91789
Vincente Franco	1884 SW 57TH AVE	Miami	FL	33155
Violeta Lenhart	94 1568 WAIPAHU ST	Waipahu	HI	96797
Virginia Recinos	6110 FILLMORE PL APT 2	West New York	NJ	07093
Viva Jones	4115 East Noble Avenue	Visalia	CA	93292
Vivian Nguyen	4652 ROTHERHAVEN WAY	San Jose	CA	95111
Vonni Kim	3061 West 12th Place	Los Angeles	CA	90006
Walter Peccorinni	2909 Angel Drive	Stockton	CA	95209
Wave Dentistry	9673 SIERRA AVE STE C	Fontana	CA	92335
Wendy Buret	106 S BROADWAY	White Plains	NY	10605
Wen-Ru Yang	915 NORTH KING STREET	Honolulu	HI	96717
Wesley Dixon	15116 LEE RD STE 510	Humble	TX	77396

Westmoreland Family Dental	866 S WESTMORELAND AVE # 102	Los Angeles	CA	90005
Westpark Investments	14503 ROYAL HILL DR	Houston	TX	77083
Wilfred Martinez	6727 PHEASANT OAK DR	Houston	TX	77083
Wilhelmina Bautista	6676 Ridgeline Avenue	San Bernardino	CA	92407
Will Mc Kinney	716 LEADENHALL CT	Antioch	TN	37013
William Reyes	18297 McCoy Avenue	Saratoga	CA	95070
William& Sarah Chang	PO BOX 800156	Dallas	TX	75380
Willie Lewis	3302 charleston St.	Houston	TX	77021
Won Kim	1101 Rusher Street	Tracy	CA	95376
Won Man Yi	101 Spear St A-24	San Francisco	CA	95105
Woon Kwak	1730 N COMMUNITY DRIVE APT # 202	Anaheim	CA	92806
Wynn Greene	3411 S CAMINO SECO UNIT# 412	Tucson	AZ	85730
X-Ray Pro Inc.	241 FARENHOLT AVE STE 107	Tamuning	GU	96913
Xu Zhen Shun	1550 Filmore Street #309	San Francisco	CA	94115
Yeon Suh	415 S HARVARD BLVD #315	Los Angeles	CA	90020
Yesenia Garcia Castro	3233 Mangum Rd #377	Houston	TX	77092
Yesung Yoo	4630 LUXBERRY DR	Fairfax	VA	22032
Yime Melgar Alcantara	1 Doering Ln	Watsonville	CA	95076
Yohan Cho	2917 Monroe Place	Falls Church	VA	22042
Yohan Jhung	1881 WEST JEFFERSON BLVD #203	Los Angeles	CA	90018
Yolanda Abaca	7900 Casaba Avenue	Winnetka	CA	91306
Yolanda Valdivia	255 TAPESTRY LN APT#606	American Canyon	CA	94503
Yolanda Valeriano	1927 LEFORD WAY	Sacramento	CA	95832
Yon Chung	835 MCALLISTER ST #K	San Francisco	CA	94102
Yong So Oh	1248 SAN ANGELO DR	Salinas	CA	93901
Yong Cha Kim	5 SOUTHVIEW LN	Carmel Valley	CA	93924
Yong Cho	246 Grove Way	Hayward	CA	94541
Yong Hoan Choi	2500 PLEASANT HILL RD APT# 1013	Duluth	GA	30096
Yong Kim	7345 Mcwhorter Place #111	Annandale	VA	22003
Yong Mi Kim	1336 LOGSDON LN	Buffalo Grove	IL	60089
Yong Sik Chin	1819 June Marie Ct	Hayward	CA	94541
Yong Soo Kwak	1716 TOWNSEND AVE	Santa Clara	CA	95051
Yoni Del Cid	1241 CLINTON RD	Sacramento	CA	95825
Yoo Lee	8550 BAUER DR	Springfield	VA	22152
Yoon Choi	6365 Benecia Avenue	Newark	CA	94560
Yoshihiro Mizuochi	1901 E Amar Road #67	West Covina	CA	91792
Yoshimi Koda	1204 West Gardena Blvd #C	Gardena	CA	90247

Youn Hyun Bae	218 N CHARLES ST APT 2101	Baltimore	MD	21201
Youn Ju Kim	1201 W VALENCIA DR #66	Fullerton	CA	92833
Young Ho Choi	424 LINCOLN ST	Palisades Park	NJ	07650
Young Im	22910 CRENSHAW BLVD STE C	Torrance	CA	90505
Young Im Kim	13929 MARQUESAS WAY #108A	Marina Del Rey	CA	90292
Young Kyo Shinn	2971 GREY MOSS PASS	Duluth	GA	30097
Young Park	10454 Sterling Blvd	Cupertino	CA	95014
Young Sim Paik	831 North El Camino Real #3	San Mateo	CA	94401
Young Sook Kim	3805 BROMLOW TRAIL	Lawrenceville	GA	30044
Young Sun Herbs Acupuncture	3663 W 6TH ST STE 308	Los Angeles	CA	90020
Young Sun Park	900 PARK KNOLL CT	Lawrenceville	GA	30043
Youngsun Kim	7484 OLD ALEXANDRIA FERRY RD	Clinton	MD	20735
Younjung Kim	58 HENRY AVE APT A	Palisades Park	NJ	07650
Yuehui Xia	5921 CLOVERLY AVE	Temple City	CA	91780
Yuenen Guadalupe Santiago Flores	10500 W. Highway 12 #C	Lodi	CA	95242
Yun Cho Han	14517 Suny Lake Court	Centreville	VA	20120
Yun Jae An	10141 Cyaft Drive #B	Cupertino	CA	95014
Yun Soon Park	1573 ELKA AVE	San Jose	CA	95129
Yunhi Kong	3798 HANCOCK DR.	Santa Clara	CA	95051
Zenon Cancino	402 W CHAPMAN AVE	Placentia	CA	92870
Zolimar Marcia Gutierrez Torres	404 Royce Drive	San Jose	CA	95133
Zulma Ramirez	6 1/2 Lowden St	New Jersey	NJ	07208

Fill in this information to identify the case:

Debtor name American Workers Insurance Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 19-44208-mxm11
(if known)

☐ Check if this is an amended filing

Official Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing address
2.1 Association Health Care Management, Inc.	<u>11111 Richmond Ave., Suite 200</u> <small>Number Street</small>
	<hr/> <u>Houston TX 77082</u> <small>City State ZIP Code</small>

Name
Insurety Capital, LLC

Check all schedules that apply:

- ☒ D
☐ E/F
☐ G

Fill in this information to identify the case and this filing:

Debtor Name American Workers Insurance Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 19-44208-mxm11

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/01/2019
MM / DD / YYYY

X

Harold L. Brock Jr.
Signature of individual signing on behalf of debtor

Harold Lyndon Brock, Jr.

Printed name

President

Position or relationship to debtor